FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 791056

(5)

SARAS	OTA COUNTY FARM BUR	EAU, L.A.A.					
Principal Place of Business Mailing Address		Mailing Address			I Ideals should less to all Beach beste		E41 01011 100)
7289 PALMER BLVD SARASOTA FL 34240		7289 PALMER BLVD SARASOTA FL 34240			3. Date Incorporated or Qualified 04/22/1976		
					4. FEI Number	 	plied For
9 Principal D	loop of Business	2a. Mailing Address			59-0798884		t Applicable
2. Principal Place of Business 2s. Mailing Address 21					5. Certificate of Status Desired	□ \$8.75 / Fee Re	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00	
22				Trust Fund Contribution		Added to	
City & State City & State					7. Is this nonprofit corporation a homeowners association?		
28 28					☐ Yes ☐ No		
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible		
24	25 [29] 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Y Yes No 10. Name and Address of New Registered Agent		
	e. Traile and Manager	The Grant of Mark	81 1	Name	10. 112110 Blid Madical Of 10011 1.	Sisterior reguli	
MARTIN	RORY S			Dhamak iki aliala	(D.O. D. M		
MARTIN, RORY S. 7851 CAMPBELL RD.			82 5	Street Addr	Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34240			83	*******			
			84 (City		85 Zip (Code
			- -			FL S E FL S E F F	
11. Pursuant office or ragent. La	to the provisions of Sections 617.05 egistered agent, or both, in the Stat- m familiar with, and accept the oblig	02 and 617,1508, Florida Statut e of Florida. Such change was a pations of, Section 617,0503, Fl	es, the above-n authorized by th orida Statutes.	amed corp ne corporat	poration submits this statement for the ion's board of directors. I hereby acce	purpose of changing it pt the appointment as	s registered registered
SIGNATURE							
	Signature, typed or printed name of registered ag		E: Registered Agent	ignature requir		DATE	0.01.40
12.	OFFICERS AND DIRECTORS PD DELETE		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	Addition
NAME	MARTIN, RORY S.		1.2 NAME			Onunge	L Novillon
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	ALEXANTA SI		1.4 CITY-ST-ZIP				
TITLE	VD DELETE		2.1 TITLE			☐ Change	Addition
NAME	ALDAY, FRANCIS W.		2.2 NAME				
STREET ADDRESS	DRESS 84 SHANNON RD		2.3 STREET ADDRESS				}
CITY-ST-ZIP	SARASOTA FL 34240		2. 4 CITY - ST - ZIP				
TITLE	SD DELETE		3.1 TITLE			☐ Change	Addition
NAME	MARTIN, ROBBIE L.		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	SARASOTA FL TD DELETE		3.4. CITY-ST-ZIP			★ Change	Addition
NAME	KENNEDY, MIKE	beerie	4.2 NAME			A Onlings	L_ Addition
STREET ADDRESS	985 SHILO RD		4.3 STREET AD	nees 5	00 Oakford Road		
CITY-ST-ZIP	SARASOTA FL 34240		4.4 CITY - ST - Z		arasota, Fl. 342	240	i
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD	DRESS			
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP			
TITLE	DELETE		6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AD				
CITY - ST - 7IP			64 CITY-S1-7	7IP (

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Law & Martin

KORY S. MARTIN

4/16/98

FILED

Apr 23 1998 8:00am

Secretary of State

(941)371-2043