2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000000942



FILED May 11, 2007 8:00 am Secretary of State

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Selder S		PI LANDINGS A CONDOMII	NIUM ASSOCIATION						
Suite, Apt. #, etc.	PO BOX 20708 PO BOX 20708					y, v ≠ /	 6 16 15 15 10 10 10		
Suite, Apt. #, etc. Unit 703 City & State Sarasota, Florida City & State Sarasota, Florida City & State Sarasota, Florida Country USA Sarasota, Florida SelDER, WILLIAM M 200 S ORANGE AVE SARASOTA, Fl 34236 City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Sarasota, Florida Sarasota,			4370 S. Tampmi Track			i iii 1111 1111 1111 894 1111 1			
Selder S			Suite, Apt. #, etc. Suite WZ		ļ	ng-NP CR2E03			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. SEIDER, WILLIAM M 200 S ORANGE AVE SARASOTA, FL 34236 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE MORRIS, ROBERT A JR SIREET ADDRESS 1840 PHILLIPPI SHORE DR SIREET ADDRESS SARASOTA, FL 34231 SIREET ADDRESS SARASOTA, FL ORIDA 34231	<u> </u>		Sarasota, FL		20-3028893 Not A		t Applicable		
SEIDER, WILLIAM M 200 S ORANGE AVE SARASOTA, FL 34236 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apent signature required when reinstating) DATE	34231 USA		34231			5. Certificate of Status Desired Fee Required			
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In the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filling Fee is \$61.25 Due by May 1, 2007 Printer Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE NAME MORRIS, ROBERT A JR STREET ADDRESS CITY-ST-ZIP NAME MORRIS, ROBERT A III STREET ADDRESS CITY-ST-ZIP NAME MORRIS, ROBERT A III STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL ORIDA 34231				City			FL	Zip Code)
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and the information supplied with the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1840 PHILLIPPI SHORE DR SARASOTA, FL 34231 V MORRIS, ROBERT A III 1840 PHILLIIPPI SHORE DR SARASOTA, FL 34231 ST JOHNSTON, ANDREW 1840 PHILLIPPI SHORE DR	☑ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MG 19 SA VS MG 19 SA DD A SA SA	21 MONTE CARL ARASOTA, FLORI ST DRRIS, ROBERT 21 MONTE CARL ARASOTA, FLORI AHLIN, ROBERT 21 MONTE CARL	O DRIVE, UNIT 703 DA 34231 A III O DRIVE, UNIT 703 DA 34231 O DRIVE, UNIT 406	☐ Change	⊠ Addition

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ROBERT A. MORRIS, JR. PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-923-6353

Daytime Phone #