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NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(5)

FILED Jan 16 1998 8:00am Secretary of State

| SILKWOOD CONDOMINIUM ASSOCIATION, INC. | | | | | | |
|---|--|--|--------------------------------|--------------|--|--|
| Principal Plac | ce of Business | Malling Address | | | | - |
| %GENE BENSO 3969 ROBERTS SARASOTA FL | S POINT ROAD | %GENE BENSON 3969 ROBERTS POINT ROAD SARASOTA FL 34242 | | | 3. Date Incorporated or Qualified | |
| GAIGIGOTA 12 | , OTETE | CARROOTA LE 04242 | | | | 4. FEI Number Applied For |
| | | T. A. 11 | | | | 46-6401612 Not Applicable |
| 2. Principal Place of Business | | 2a. Mailing Address 26 | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 | | 28 | | | ☐ Yes ☐ No | |
| Zip | | | Count | iry | | 8. This corporation owes or has paid the current year Intangible |
| 24 25 | | 29 30 Registered Agent | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| 9. Name and Address of Current Registered Agent 10. | | | | | | IV. Hame and Address of New Heystered Agent |
| BENSON, GENE | | | L | \downarrow | | The state of the s |
| | OBERTS POINT ROAD | | 82 Street Add | | Street Addre | ss (P.O. Box Number is Not Acceptable) |
| | OTA FL 34242 | <u> </u> | | 3 | | Bitch No. |
| J. 100 J. 11 E 01212 | | | | 4 | Cîty | FL 85 Zip Code |
| | | | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS AND | | 13. | Qu. | it agrittions recome | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | _ | | ☐ Change ☐ Addition |
| NAME | BENSON, GENE | | 1.2 NAME | E | | |
| STREET ADORESS | 3969 ROBERTS POINT RD | | 1.3 STREE | ET A | address | |
| CITY-ST-ZIP | SARASOTA FL | | 1,4 CITY - S | | -ZIP | |
| TITLE | D | DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | BENSON, SUE CAROL | | 2.2 NAME | | | |
| STREET ADDRESS | 3969 ROBERTS POINT RD | | 2.3 STREE | ET A | ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | DELETE | 2. 4 CITY | | T-ZIP | Change Addition |
| TITLE | D DENICON KENN | LI DELETE . | 3.1 TITLE | | | Change Addition |
| NAME STREET ADDRESS | BENSON, KEVIN ORESS 3969 ROBERTS POINT RD | | 3.2 NAME 3.3 STREET ADDRESS | | IDDDECC | |
| CITY-ST-ZIP | SARASOTA FL | | 3.4. CITY | - | 1 | |
| TITLE | O STOOTA LE | DELETE | 4.1 TITLE | _ | | ☐ Change ☐ Addition |
| NAME | 4.2 | | 4. 2 NAM | | | • |
| STREET ADDRESS | | | 4.3 STREE | | ADDRESS | |
| CITY-ST-ZIP | <u></u> , | | 4.4 CITY- | ST- | -ZIP | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | Ξ | - | |
| STREET ADDRESS | | | 5.3 STREE | ET A | ADDRESS | |
| CITY-ST-ZIP | · | | 5.4 C/TY- | | -ZIP | |
| TITLE | | | 6.1 TITLE | | · [| ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | | | |
| 14. I hereby c | sertify that the information supplied with | h this filing does not qualify fo | f the exemi | | | ection 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 appattachment with an address. | | | | | | |

PURE REQUIRED