FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20848 (0)

1. Corporation Name
ST. ARMANDS CIRCLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 MADISON DR. SARASOTA FL 34236-1328	300 MADISON DR. SARASOTA FL 34236-1328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1987
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1701241 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

RIDDEL, JEFFERSON F.
720 SOUTH ORANGE AVENUE
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MONIHON, NANCY	1.2 NAME	Tom Maus
STREET ADDRESS	14 N BLVD OF PRES	1.3 STREET ADDRESS	40 S. Blvd. of Presidents
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ABBEY, ALAN R	2.2 NAME	
STREET ADDRESS	443 ST ARMANDS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	TIDWELL, REBECCA	3.2 NAME	Doster, Steven
STREET ADDRESS	351 ST ARMANDS CIRLCE	3.3 STREET ADDRESS	300 Madison Drive
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Florida
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Giuliano, Carmie
STREET ADDRESS		4.3 STREET ADDRESS	25 N. Blvd. of Presidents
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota, FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3/7/95 388-1554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003600