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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N21062** **(7)**

1. Corporation Name

SAIL HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~7419 U.S. HIGHWAY 19~~ ~~NEW PORT RICHEY FL 34652~~	~~7419 U.S. HIGHWAY 19~~ ~~NEW PORT RICHEY FL 34652-1240~~

3. Date Incorporated or Qualified: 06/09/1987
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business
21 1566 Mary Lane
22 Suite, Apt. #, etc.
23 City & State: Tarpon Springs FL
24 Zip: 34689
25 Country: USA

2a. Mailing Address
26 1566 Mary Lane
27 Suite, Apt. #, etc.
28 City & State: Tarpon Springs FL
29 Zip: 34689
30 Country: USA

4. FEI Number: 59-2813388 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~CARTER, DAVID R., ESQUIRE~~
~~7419 U.S. HIGHWAY 19~~
~~NEW PORT RICHEY FL 34652~~

10. Name and Address of New Registered Agent

81 Name: Diane L. Marusa
82 Street Address (P.O. Box Number is Not Acceptable): 1566 Mary Lane
83
84 City: Tarpon Springs FL 85 Zip Code: 34689

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: Diane L. Marusa — 2/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WILLIAMS, JAMES		1.2 NAME	Lawrence D. Lindsey	
STREET ADDRESS	11550 TARPON SPRINGS RD		1.3 STREET ADDRESS	1555 Mary Lane	
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	D	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	GRIFFITH, RICHARD C.		2.2 NAME	Michael Buric	
STREET ADDRESS	1875 BELLEAIR RD		2.3 STREET ADDRESS	1240 Jasmine Ave.	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	D	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	CARTER, DAVID R.		3.2 NAME	Augusto S. Rodriguez	
STREET ADDRESS	7419 U.S. HIGHWAY 19		3.3 STREET ADDRESS	1460 Sail Harbor Circle	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	Tarpons Springs FL 34689	
TITLE	P	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	MARTIN, RICHARD A		4.2 NAME	Katherine F. Gurney	
STREET ADDRESS	1522 MARY LANE		4.3 STREET ADDRESS	1471 Jasmine Avenue	
CITY-ST-ZIP	TARPON SPRINGS FL 34689-5232		4.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	VP	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	LINDSEY, LAWRENCE		5.2 NAME	Diane L. Marusa	
STREET ADDRESS	1771 HAMPTON LANE		5.3 STREET ADDRESS	1566 Mary Lane	
CITY-ST-ZIP	PALM HARBOR FL 34683-6461		5.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARUSA, DIANE L		6.2 NAME		
STREET ADDRESS	1566 MARY LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689-5232		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Diane L Marusa Diane L. Marusa Treasurer 2/21/97 813-934-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067911