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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21062**

1. Corporation Name
SAIL HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1566 MARY LANE TARPON SPRINGS FL 34689	1566 MARY LANE TARPON SPRINGS FL 34689

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)

3. Date Incorporated or Qualifed: 06/09/1987

4. FEI Number: 59-2813388 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARUSA, DIANE L
~~7410 U.S. HIGHWAY 19~~ 1566 MARY LANE
TARPON SPRING FL 34689

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JAMES		1.2 NAME		
STREET ADDRESS	11550 TARPON SPRINGS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, RICHARD C.		2.2 NAME		
STREET ADDRESS	1875 BELLEAIR RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLAEARWATER FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, DAVID R.		3.2 NAME		
STREET ADDRESS	7419 U.S. HIGHWAY 19		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LINDSEY, LAWRENCE D		4. 2 NAME		
STREET ADDRESS	~~185~~ MARY LANE → 1555		4 3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	LYNCH, MICHAEL		5.2 NAME	MAUREEN CLEMENT	
STREET ADDRESS	1593 MARY LANE		5.3 STREET ADDRESS	1577 MARY LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	☐ 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 (11/98)

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, with all other like empowered.

SIGNATURE: Diane L Marusa SIGNATURE REQUIRED Treasurer — 2/5/99 — 727-934-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #