## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

SIGNATURE:

FILED					
Jan 1	16 1	998	8:00am		
Se	creta	ary (	of State		

DOCUI	MENT # <b>N2169</b>	0 (5)				
	DA SUNCOAST WATERCOL	OR SOCIETY, INC.				
Principal Plac	e of Business	Mailing Address				
MANATEE ART		3406 WILDERNESS BLVD.	E.	3. Date Incorporated or Qualified		
209 NINTH ST BRADENTON P		PARRISH FL 34219 US		07/24/1987		
us		4.		4. FEI Number Applied For		
2 Principal P	face of Business	2a. Mailing Address		65-0119858   Not Applicable		
21	ace of Dusiness	26		5. Certificate of Status Desired Segment 5. Status Desired Fee Required		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State	е	City & State		7. Is this nonprofit corporation a homeowners association?		
23		28	1 Country	∐ Yes W No		
Zip 24	Country 25	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Curren		[30]	10. Name and Address of New Registered Agent		
			81 Name			
PIETERS	, GEORGE ANN		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	LDERNESS BLVD. E.			There is a state of the state o		
PARRISH	1 FL 34219		83	And the second s		
			84 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was : ijions of Section 617.0503, Fl	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	- Bando	I Keepers				
12.	Signature, typed or printed name of resignered age OFFICERS AND		E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	447075	Change Addition		
NAME	FRIEDLI, JAMIE	•	1,2 NAME	EK-GRAN, HERMAN 40 SEMINOLE DR E-		
STREET ADDRESS	2341 TANGERINE DR.		1.3 STREET ADDRESS 7	40 SEMINOLE DR E.		
CITY-ST-ZIP	SARASOTA FL 34239		1,4 CITY-ST-ZIP	ENICE FL 34293		
TITLE	VD	DELETE	2.1 TITLE 🗯 V	Change Addition		
NAME	BEK-GRAN, HERMAN		2.2 NAME	LARK JACQUELINE		
STREET ADDRESS	740 SEMINOLE DR. E.	•		56/2 40		
TITLE	VENICE FL 34293 VD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE 1/	BRADENTON, F4 37208 Change Addition		
NAME	HAWKINS, NANCY FISH			C. K. FOMAN ARLENE		
STREET ADDRESS	2782 71ST ST. CT. W.		3.3 STREET ADDRESS	240 FOX CREEK DR		
CITY-ST-ZIP	BRADENTON FL 34209-5324		3.4. CITY-ST-ZIP	ARASOTA F4 34240		
TITLE	SD	<b>X</b> DELETE	4.1 TITLE 5	Change Li Addition [		
NAME	CARUSO, CYNTHIA		4. 2 NAME	YORSE, JUNE		
STREET ADDRESS	318 MONTGOMERY AVE.		4.3 STHEET ADDRESS 5	62 RANGER LN 24118		
CITY-ST-ZIP	SARASOTA FL 34243	<b>▼</b> DELETE	4.4 CITY-ST-ZIP S	Change Addition		
TITLE	SD POWEL, VIRGINIA	(a) occur	5.2 NAME	FILLAL DUTH		
NAME STREET ADDRESS	522 BAY VIEW DR.		5.3 STREET ADDRESS	EVIN, RUTH 145 FAIRWAY BEND CIRCLE		
CITY-ST-ZIP	HOLMES BCH. FL 34217		5.4 CITY-ST-ZIP	ARASOTA FL 34243		
TITLE	TD	DELETE	6.1 TITLE	Change Addition		
NAME	GEORGEANN, PIETERS		62 NAME			
STREET ADDRESS	3406 WILDERNESS BLVD. E.		6.3 STREET ADDRESS			
CrTY-ST-ZIP	PARRISH FL 34219		6.4 CITY-ST-ZIP	The state of the s		
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						
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.						