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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N23160

1. Corporation Name

SARABAY WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1151 TALLEVAST FL 34270-1151 US	P. O. BOX 1151 TALLEVAST FL 34270-1151 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1987
Suite, Apt. #, etc. 22 SAME AS ABOVE	Suite, Apt. #, etc. 27 SAME AS ABOVE	4. FEI Number 33-9281725 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHEATON ~~SHEATON~~, JOHN S 904 76TH DR E SARASOTA FL 34243	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: John S. Wheaton — John S. Wheaton — 4-16-99

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	P WHEATON	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	~~SHEATON~~, JOHN S		1.2 NAME	WHEATON, JOHN S	
STREET ADDRESS	904 70TH DR E		1.3 STREET ADDRESS	904 70TH DRIVE E	
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP	SARASOTA, FL. 34243	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	HELGESEN, RICHARD		2.2 NAME	HELGESON, Richard	
STREET ADDRESS	6933 9TH CT E		2.3 STREET ADDRESS	6933 9TH CT E	
CITY-ST-ZIP	SARASOTA FL 34243		2.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	☒ DELETE	3.1 TITLE	S/T	☒ Change ☑ Addition
NAME	REID, TIM		3.2 NAME	KAREN COLLINS	
STREET ADDRESS	6913 9TH CT E		3.3 STREET ADDRESS	916 70TH DRIVE EAST	
CITY-ST-ZIP	SARASOTA FL 34243		3.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MCKEOWN, MARY		4.2 NAME	MCKEOWN, MARY	
STREET ADDRESS	6934 9TH CT E		4.3 STREET ADDRESS	6934 9TH CT E	
CITY-ST-ZIP	SARASOTA FL 34243		4.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	ELY, JENNIE		5.2 NAME	ELY, JENNIE	
STREET ADDRESS	911 WEABURN PL		5.3 STREET ADDRESS	911 WEEBURN PL	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☒ Addition
NAME	CUGNOLMO, VINCE		6.2 NAME	DOERING, MIKE	
STREET ADDRESS	6914 9TH CT E		6.3 STREET ADDRESS	9129 Queen Palm Cir. E	
CITY-ST-ZIP	SARASOTA FL 34243		6.4 CITY-ST-ZIP	SARASOTA, FL 34243	

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: John S. Wheaton **SIGNATURE REQUIRED** — 4-16-99 — 941-753-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

_CR2E037_ (11/98)