

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N41855** (0)
1. Corporation Name
EAST VILLAGE CART OWNERS ASSOCIATION INC.

Principal Place of Business
**3056 CROWN HERON PT.
VENICE FL 34293**

Mailing Address
**3056 CROWN HERON PT.
VENICE FL 34293**

3. Date Incorporated or Qualified

01/29/1991

4. FEI Number

65-0254032

Applied For
Not Applicable

2. Principal Place of Business
21 **3173 Night Heron Ln.**

2a. Mailing Address
26 **3173 Night Heron Ln.**

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Venice, FL**

28 **Venice, FL**

24 **34293**

25 **USA**

29 **34293**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAURMAN, PAUL
3173 NIGHT HERON LANE
VENICE FL 34293**

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

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
NAME **MANLEY, WILLIAM D.**
STREET ADDRESS **3056 CROWN HERON PT.**
CITY-ST-ZIP **VENICE FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Welsh, Albert**
1.3 STREET ADDRESS **1738 Killdeer Circle**
1.4 CITY-ST-ZIP **Venice, FL 34293**

TITLE **D** ☐ DELETE
NAME **SAURMAN, PAUL**
STREET ADDRESS **3173 NIGHT HERON LANE**
CITY-ST-ZIP **VENICE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MARINO, PAUL T.**
STREET ADDRESS **1485 QUAIL LAKE DRIVE**
CITY-ST-ZIP **VENICE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: **SAURMAN, PAUL**

Jan. 13, 1998 (941) 493-8691

CR2E037 (10/97)