

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50959 (8)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF SARASOTA GOLF COLONY,
INC.

Principal Place of Business

Mailing Address

7 SOUTH LIME AVE.
SARASOTA FL 34237

7 SOUTH LIME AVE.
SARASOTA FL 34237



3. Date Incorporated or Qualified
09/22/1992

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

KURVIN, STEPHEN H.
7 SOUTH LIME AVENUE
SARASOTA FL 34237

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME
GOULD, DAVID
STREET ADDRESS
7471 N LEEWYNN DRIVE
CITY-ST-ZIP
SARASOTA FL

1.2 NAME
Robert Whalen
1.3 STREET ADDRESS
7454 S. Leewynn Dr
1.4 CITY-ST-ZIP
SARASOTA, FL 34240

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME
KINNANE, ROSEMARY
STREET ADDRESS
7466 N LEEWYNN DRIVE
CITY-ST-ZIP
SARASOTA FL

2.2 NAME
Sam Wilson
2.3 STREET ADDRESS
7526 S. Leewynn Dr
2.4 CITY-ST-ZIP
SARASOTA, FL 34240

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
CAMPBELL, ED
STREET ADDRESS
1927 ROLLING GREEN CIRCLE
CITY-ST-ZIP
SARASOTA FL

3.2 NAME
MARY L. FERRARA
3.3 STREET ADDRESS
7286 S. Leewynn Dr
3.4 CITY-ST-ZIP
SARASOTA, FL 34240

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME
JORGANSEN, SANDY
STREET ADDRESS
7286 S. LEEWYNN DR.
CITY-ST-ZIP
SARASOTA FL

4.2 NAME
Cynthia Darnell
4.3 STREET ADDRESS
1935 PAR PI
4.4 CITY-ST-ZIP
SARASOTA, FL 34240

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
SMITH, OLON
STREET ADDRESS
7259 N. LEEWYNN DR.
CITY-ST-ZIP
SARASOTA FL

5.2 NAME
Tim & Jane Beattie
5.3 STREET ADDRESS
7298 S. Leewynn Dr
5.4 CITY-ST-ZIP
SARASOTA, FL 34240

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
Tom Darnell
6.3 STREET ADDRESS
1935 PAR PI
6.4 CITY-ST-ZIP
SARASOTA, FL 34240

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary L. Ferrara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

Date

941-366-1040

Daytime Phone #

CR2E037 (12/95)