

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 020 ****61.25

DOCUMENT # *N50959*

1. Corporation Name

HOMEOWNERS' ASSOCIATION OF SARASOTA GOLF
COLONY, INC.

549102 - 90029 - 20

Principal Place of Business

Mailing Address

7 South Lime Ave.
Sarasota, FL 34237

P. O. Box 2692
Sarasota, FL 34230-2692

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

Kurvin, Stephen H.
7 South Lime Avenue
Sarasota, FL 34237

3. Date Incorporated or Qualified
9/22/92

4. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Gould, David	
STREET ADDRESS	7471 N. Leewynn Dr.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Lennon, Patrick	
STREET ADDRESS	7455 N. Leewynn Dr.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Andrews, Ann M.	
STREET ADDRESS	1820 E. Leewynn Dr.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Wilson, Sam	
STREET ADDRESS	7526 S. Leewynn Dr.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Hallen, George	
STREET ADDRESS	7192 N. Leewynn Dr.	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN M. ANDREWS, TREASURER

Date

Daytime Phone #

4/24/99

941-378-4767

CR2E037 (11/98)