

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50959

FILED  
Apr 25, 2004  
Secretary of State

**Entity Name:** HOMEOWNERS ASSOCIATION OF SARASOTA GOLF COLONY, INC.

**Current Principal Place of Business:**

7 SOUTH LIME AVE.  
SARASOTA, FL 34237

**New Principal Place of Business:**

2033 MAIN STREET  
SUITE 403  
SARASOTA, FL 34237

**Current Mailing Address:**

P.O. BOX 2692  
SARASOTA, FL 342302692

**New Mailing Address:**

**FEI Number:** 65-0473784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE LAW OFFICES OF LOBECK HANSON & WELLS  
C/O KEVIN T. WELLS, ESQ.  
2033 MAIN STREET, SUITE 403  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: ANDREWS, ANN M.  
Address: 1820 E. LEEWYN DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: DVP ( ) Delete  
Name: WHALIN, DENISE  
Address: 1957 ROLLING GREEN CIRCLE  
City-St-Zip: SARASOTA, FL 34240

Title: S ( ) Delete  
Name: KLING, RENEE  
Address: 1815 EAST LEEWYNN DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: HALLEN, GEORGE  
Address: 7192 N. LEEWYN DRIVE  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN M. ANDREWS

DT

04/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date