## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

N9400001012 (3)

PHILLIPPI GARDENS, INC.

SARASOTA FL 34231

CITY-ST-ZIP

Principal Place of Business  5738 SAVANNAH DRIVE SARASOTA FL 34231 US		Mailing Address  3728 SAVANNAH DRIVE SARASOTA FL 34231 US				ARRE MINISTER MINISTER A	16101 HAIL	1 8 <b>0 10</b> 10 00 10 00 10		
						3. Date Incorporated or Qualifie 02/25/1994	d 3a. Da	of Last F 03/04/19	teport 996	
	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo			oplied For	
21	A all	26 5738 Savannah Dr.		<u> </u>	65-0481345			ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ļ	5. Certificate of Status Desired		,	Additional equired	
City & State			City & State			E Floation Compaign Financia	<del></del>			
23		<u> </u>	28 Sarasota Pl			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			May Be to Fees	
Zip	Country	Zin	Countr	y _ 1		8. This corporation has liability f			*********	
24	25	29 34×21 3	o U	SA		Florida Statutes		No.	. 1001002,	
	9, Name and Address of Currer	nt Registered Agent		,		10. Name and Address of New	Registered	Agent		
			81	Name						
CRIVELLO, ROBIN			82	Street	Addres	ess (P.O. Box Number is Not Acceptable)				
	AVANNAH DRIVE		<u> </u>	1		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
SARASOTA FL 34231			83	'		•	-			
			84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Statutes	, the abov	re-named	corpo	ration submits this statement for th		changing i	ts registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was autops of Section 617,0503. Flori	thorized b	y the corp	poratio	n's board of directors. I hereby ac-	ept the app	ointment as	registered	
SIGNATURE	tallimat thing and decept the cong	(a.c. 10 61, 00011611 611 .0006, 1101)	ou oluloit							
SIGNATORE	Signature, typed or printed name of registered age		Registered Ag	ent signature	required	i when reinslating)	DATE			
12.				3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PO	☐ DELETE	1.1 TITLE					☐ Change	Addition	
NAME	CRIVELLO, ROBIN		1.2 NAME							
STREET ADDRESS	5738 SAVANNAH DRIVE			T ADDRESS	ĺ					
CITY-ST-ZIP	SARASOTA FL 34231 VD	- No		ST-ZIP	ļ			[ ] a	I A 100	
TITLE	MCCARRON, TOM	DELETE	2.1 TITLE					Change	Addition	
NAME	2119 LUSITANA DRIVE		2.2 NAME							
STREET ADDRESS	SARASOTA FL 34231			T ADORESS						
CITY-ST-ZIP TITLE	SD SD	☐ DÉLETE	2.4 CITY- 3.1 TITLE	-ST-ZIP	-7			M Change	Addition	
NAME	CUMMINGHAM, LAURA	Land Steel It	3.2 NAME		5/(	ura Cunnina		Change	Addition	
STREET ADDRESS	5739 SAVANNAH DRIVE			T ADDRESS	57	ura Cunning 39 Savannah	De.			
CITY-\$T-ZIP	SARASOTA FL 34231		3.4. CITY-			rasota, PL 34	23/			
TITLE	TD .	DELETE	4.1 TITLE	31-2W	24	7 430 14 7 · 1		Change	Addition	
NAME	DUNCAN, CATHY		4. 2 NAME							
STREET ADDRESS	5460 AMERICA DRIVE		4.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34231		4.4 CITY-ST-ZIP							
TITLE	D	<b>▼</b> DELETE	5.1 TITLE		<b>—</b>			Change	Addition	
NAME	GRADEN, NILES	•	5.2 NAME					-		
STREET ADDRESS	2629 BRITANNIA ROAD		5.3 STREE	T ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34231		5.4 CITY-	ST - ZIP						
TITLE	D	DELETE	6.1 TITLE					☐ Change	Addition	
NAME	HENNEN, JIM		6.2 NAME							
STREET ADDRESS	2450 BRITANNIA ROAD		6.3 STREE	T ADDRESS						

appears in Block 12 or Block 13 if changed, or on an attachment with an address. Wall William P. Haura A. Cunningnam SIGNATURE:

6.4 CITY-ST-ZIP 14. I do 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