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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002145 (9)

1. Corporation Name

SARASOTA MANATEE LAND TITLE ASSOCIATION, INC.



Principal Place of Business

**3530 WEBBER STREET
SARASOTA FL 34239**

Mailing Address

**3530 WEBBER STREET
SARASOTA FL 34239**

3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEVIN, JEROME S
2621 MALL DRIVE
SARASOTA FL 34231**

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 **D** ☐ DELETE

NAME **MAZER, BARRY**
STREET ADDRESS **% 3830 BEE RIDGE ROAD**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ DELETE

NAME **RUFFINO, MICHAEL**
STREET ADDRESS **% 6210 MANATEE AVENUE, W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ DELETE

NAME **LEVIN, JEROME S**
STREET ADDRESS **% 2621 MALL DRIVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ DELETE

NAME **WHITEHEAD, SAMUEL**
STREET ADDRESS **% 2199 RINGLING BLVD.**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ DELETE

NAME **TUCKER, THOMAS**
STREET ADDRESS **% 3530 WEBBER STREET**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ DELETE

NAME **HILEMAN, JEAN**
STREET ADDRESS **% 6220 MANATEE AVENUE W**
CITY-ST-ZIP **BRADENTON FL 34209**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **DONNA HANNIGAN**
1.3 STREET ADDRESS **90 SUNCOAST ONE TITLE CO**
1.4 CITY-ST-ZIP **2848 PROCTOR RD
SARASOTA, FL 34231**

(MS. HANNIGAN IS AN ORIGINAL DIRECTOR NOT LISTED)

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

3.2 NAME **JEROME S. LEVIN**
3.3 STREET ADDRESS **1680 FRUITVILLE RD.**
3.4 CITY-ST-ZIP **SUITE 102
SARASOTA, FL 34236**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/96 (813)923-2371

CREATED (12/95)