

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002145 (9)

1. Corporation Name

SARASOTA MANATEE LAND TITLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3530 WEBBER STREET
SARASOTA FL 34239

3530 WEBBER STREET
SARASOTA FL 34239

3. Date incorporated or Qualified

05/04/1995

4. FEI Number

65-0578210

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIN, JEROME S
2621 MALL DRIVE
SARASOTA FL 34231

THOMAS M. TUCKER

10. Name and Address of New Registered Agent

81 Name

THOMAS M. TUCKER

82 Street Address (P.O. Box Number is Not Acceptable)

C/O STEWART TITLE, 3530 WEBBER ST.

83

84 City

SARASOTA

FL

85 Zip Code

34239

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAZER, BARRY	
STREET ADDRESS	% 3830 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUFFINO, MICHAEL	
STREET ADDRESS	% 6210 MANATEE AVENUE, W	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVIN, JEROME	
STREET ADDRESS	1680 FRUITVILLE RD., SUITE 102	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, SAMUEL	
STREET ADDRESS	% 2199 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, THOMAS	
STREET ADDRESS	% 3530 WEBBER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE	D	<input type="checkbox"/> 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	<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.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/98

CR2E037 (5/98)