

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002993 (2)

1. Corporation Name

FL 8-4 MCCOWN TOWERS COMPLEX RESIDENT ASSN. INC.



Principal Place of Business

1300 6TH STREET  
SARASOTA FL 34236

Mailing Address

1300 6TH STREET  
SARASOTA FL 34236

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 1320 6th St.

2a. Mailing Address

26 1320 6th St.

4. FEI Number

Applied For

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

22 Suite, Apt. #, etc.

22 Suite D

27 Suite, Apt. #, etc.

27 Suite D

23 City & State

23 SARASOTA, FLA

28 City & State

28 SARASOTA, FL

24 Zip

24 34236

Country

25 USA

29 Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

BEATTY, JEANETTE  
1300 6TH STREET  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

TOM WALKER 000001736595

82 Street Address, P.O. Box, or Mailing Address

1320 6th St. #408-D

83 City

SARASOTA

84 State

FL

85 Zip Code

34236

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

Tom Walker, President

Tom Walker, President

02/20/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MCCALLISTER, KAREN	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	DELETE
NAME	KARNOW, DOLORES	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	DELETE
NAME	SKOUTAS, MAGGIE	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	DELETE
NAME	MOBLY, L CAPT.	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	DELETE
NAME	TURNER, STELLA	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	DELETE
NAME	WOLFE, JOANN	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOM WALKER	
1.3 STREET ADDRESS	1320 6th St. #408-D	
1.4 CITY-ST-ZIP	SARASOTA, FL 34236	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim Spreitzer	
2.3 STREET ADDRESS	1300 6th St. #1109	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeanette S. Beatty	
3.3 STREET ADDRESS	1300 6th St. #1008	
3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Maggie Skoutas	
4.3 STREET ADDRESS	1300 6th St. # 209	
4.4 CITY-ST-ZIP	SARASOTA, FL 34236	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thomas Hick	
5.3 STREET ADDRESS	1300 6th St. #603	
5.4 CITY-ST-ZIP	SARASOTA, FL 34236	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Joann Wolfe	
6.3 STREET ADDRESS	1300 6th St. # 909	
6.4 CITY-ST-ZIP	SARASOTA, FL 34236	

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:

Tom Walker

Tom Walker

02-20-96/1-941-957-3840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)