

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 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	Mailing Address
1320 6TH ST. SUITE D SARASOTA FL 34236	1320 6TH ST. SUITE D SARASOTA FL 34236

3. Date Incorporated or Qualified	06/19/1995
4. FEI Number	NOT APPLICABLE
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1320 6th St Suite, Apt. #, etc. 22 Apt 408-D City & State 23 Sarasota FL Zip 24 34236	25 1320 6th St Suite, Apt. #, etc. 26 Apt 408-D City & State 27 Sarasota FL Zip 28 34236

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALKER, TOM
1320 6TH ST
SUITE D
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	Walker, Tom
82 Street Address (P.O. Box Number is Not Acceptable)	1320 6th St
83	Apt 408-D
84 City	Sarasota 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 DATE 02/14/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEATTY, JEANETTE	
STREET ADDRESS	1300 6TH ST. MCCOWN TOWERS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICK, TOM	
STREET ADDRESS	1300 6TH ST MCCOWN TOWERS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKOUTAS, MAGGIE	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERCE, MARGARET	
STREET ADDRESS	1300 6TH STREET MCCOWN TOWERS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, STELLA	
STREET ADDRESS	% 1300 6TH STREET MCCOWBN TOWER	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, RUTH	
STREET ADDRESS	1300 6TH ST. MCCOWN TOWERS	
CITY-ST-ZIP	SARASOTA FL 34236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PATRICIA SULLIVAN	
1.3 STREET ADDRESS	1300 6th St. McCOWN TOWERS	
1.4 CITY-ST-ZIP	SARASOTA FL 34236	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERTHA WILLIAMS	
2.3 STREET ADDRESS	1320 6th St. Towers Annex	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KATHLEEN SHAMPTON	
3.3 STREET ADDRESS	1320 6th St. Towers Annex	
3.4 CITY-ST-ZIP	SARASOTA FL 34236	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WOLFE, JOANN	
4.3 STREET ADDRESS	1300 6th St. McCOWN TOWERS	
4.4 CITY-ST-ZIP	SARASOTA FL 34236	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shaw, Anna	
5.3 STREET ADDRESS	1320 6th St. Towers Annex	
5.4 CITY-ST-ZIP	SARASOTA, FL 34236	
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: *Patricia M. Sullivan* Treas. DATE: 02/14/98 (941) 362-0466

CP2E037 (10/97)