

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90023 008 ****70.00

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1. Entity Name

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



Principal Place of Business

1320 BLVD OF THE ARTS, APT. #201-B
SARASOTA FL 34236

Mailing Address

1320 BLVD OF THE ARTS, APT. #201-B
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, BERTHA
1320 BLVD OF THE ARTS, APT. #201-B
SARASOTA FL 34236

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bertha Lee Williams

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P WILLIAMS, BERTHA**
STREET ADDRESS **1320 BLVD OF THE ARTS, APT. #201-B**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME **VT WALKER, TOM**
STREET ADDRESS **1320 BLVD OF THE ARTS, APT. #201-B**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME **S LOWE, CAROL**
STREET ADDRESS **1320 BLVD OF THE ARTS, APT. #201-B**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME **SD KIRKLAND, AGNES**
STREET ADDRESS **1300 BLVD ARS, APT 1110**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME **T TAYLOR, RUTHIE MAE**
STREET ADDRESS **1320 BLVD ARTS APT 203B**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME **BM LOWE, CAROL**
STREET ADDRESS **1300 BLVD ARTS APT 704**
CITY-ST-ZIP **SARASOTA FL 34236**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bertha Lee Williams

3-14-06 941-953-2316