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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004365

1. Corporation Name

FOUNDATION FOR EXCELLENCE IN ARCHITECTURE, INC.

Principal Place of Business

1605 MAIN STREET
SUITE 1100
SARASOTA FL 34236

Mailing Address

1605 MAIN STREET
SUITE 1100
SARASOTA FL 34236



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/13/1995

4. FEI Number
65-0614969

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

9. Name and Address of Current Registered Agent

BLIVAS, DONALD R
1266 FIRST STREET
SARASOTA FL 33677

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 PD
NAME BLIVAS, DONALD R
STREET ADDRESS 1266 FIRST STREET
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

TITLE SD
NAME QUIMBY, ALAN
STREET ADDRESS 400 SARASOTA QUAY
CITY-ST-ZIP SARASOTA FL 34231 ☐ DELETE

TITLE TD
NAME PENDER, MICHAEL R JR
STREET ADDRESS 1605 MAIN STREET, SUITE 1100
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

TITLE VPD
NAME ADLEY, HARRY C
STREET ADDRESS 1620 MAIN STREET
CITY-ST-ZIP SARASOTA FL 34236 ☐ DELETE

TITLE D
NAME SIEGLER, MORTON
STREET ADDRESS 435 L. AMIANCE DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ DELETE

TITLE D
NAME LEVIN, RICHARD
STREET ADDRESS 6860 PINE STREET
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

D Charles D Bailey, Jr
1550 Ringling Blvd
Sarasota FL 34236

D Wayne Wall
1922 Harborside Dr
Longboat Key FL 34228

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-99 941-366-2983

CR2E037 (1/98)