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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000793

1. Corporation Name

FMPTA SARASOTA/MANATEE CHAPTER, INC.

Principal Place of Business

~~ONE PHILLIPPI SHORES DR.~~
SARASOTA FL 34230

Mailing Address

~~ONE PHILLIPPI SHORES DR.~~
SARASOTA FL 34230



2. Principal Place of Business

21 2928 Captiva Way

Suite, Apt. #, etc.

22
City & State
23 Sarasota, Florida

24 Zip 34231 25 Country Sarasota

2a. Mailing Address

26 2928 Captiva Way

Suite, Apt. #, etc.

27
City & State
28 Sarasota, Florida

29 Zip 34231 30 Country Sarasota

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

59-2613929

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

MARONCELLI, DON
~~ONE PHILLIPPI SHORES CT~~
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name DON MARONCELLI

82 Street Address 2928 CAPTIVA WAY

83 SARASOTA,

84 City FL 85 Zip Code 34231

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

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

DON MARONCELLI

(NOTE: Registered Agent signature required when reinstating)

4/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARONCELLI, DON
STREET ADDRESS ONE PHILLIPPI SHORES DR.
CITY-ST-ZIP SARASOTA FL 34231 ☒ DELETE

TITLE SD
NAME SKIPPER, JANNE
STREET ADDRESS 4501-MANATEE AVE, 166
CITY-ST-ZIP BRADENTON FL 34209 ☒ DELETE

TITLE TD
NAME ECKERLE, DAVE
STREET ADDRESS 3131 BEE RIDGE RD APT 9
CITY-ST-ZIP SARASOTA FL 34239 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

PD
MARONCELLI, DON
2928 CAPTIVA WAY
SARASOTA, FL 34231 ☒ Change ☐ Addition

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

D
ROBERT DUNHAM
2928 CAPTIVA WAY
SARASOTA, FL 34231 ☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Don Maroncelli* DON MARONCELLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

1-941-922-7196

Daytime Phone #

CR2E037 (1/98)