

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 031 ****61.25

DOCUMENT # N96000002139

1. Entity Name

THE SCIBC/CHI LAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**436 BAYSHORE DRIVE
VENICE FL 34285**

Mailing Address

**436 BAYSHORE DRIVE
VENICE FL 34285**

2. Principal Place of Business

2055 Wood St.

Suite, Apt. #, etc.

Suite 202

City & State

Sarasota FL

Zip

34237

Country

3. Mailing Address

2055 Wood St

Suite, Apt. #, etc.

Suite 202

City & State

Sarasota FL

Zip

34237

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0735562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOCH, CHARLES E
436 BAYSHORE DRIVE
VENICE FL 34285**

7. Name and Address of New Registered Agent

Name **RENEE RICHARDSON KLING**

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

2055 WOOD STREET, SUITE 202

City

SARASOTA

FL

Zip Code

34237

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **PTD** ☒ Delete
NAME **KOCH, CHALRES E**
STREET ADDRESS **436 BAYSHORE DR**
CITY-ST-ZIP **VENICE FL**

TITLE **VSD** ☒ Delete
NAME **RICHARDSON, ROVERT**
STREET ADDRESS **635 ORANGE AVENUE SOUTH**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DS** ☒ Delete
NAME **STRAMMER, FREDERICK L**
STREET ADDRESS **2210 CASEY KEY ROAD**
CITY-ST-ZIP **NOKAMIS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☐ Change ☒ Addition
NAME **RENEE RICHARDSON KLING**
STREET ADDRESS **2055 WOOD STREET, SUITE 202**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE **VD** ☐ Change ☒ Addition
NAME **JENNIFER SHAFER**
STREET ADDRESS **2055 WOOD STREET, SUITE 202**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE **TD** ☐ Change ☒ Addition
NAME **JAMES FREDERICK**
STREET ADDRESS **2055 WOOD STREET, SUITE 202**
CITY-ST-ZIP **SARASOTA, FL 34237**

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

TITLE ☐ Change ☐ Addition
NAME
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 exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #