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Mar 16 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 # **N97000000693 (8)**

1. Corporation Name
SAC, INC.

Principal Place of Business	Mailing Address
550 WALNUT CIRCLE VENICE FL 34292	550 WALNUT CIRCLE VENICE FL 34292

3. Date Incorporated or Qualified: 02/05/1997

4. FEI Number: KV65-0738914 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GORDON, SCOTT E 333 S TAMIAMI TRAIL STE 199 VENICE FL 34292	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☑ Change ☑ Addition
NAME	MALDONATO, ANTHONY		1.2 NAME	Alfred Bysiewicz	
STREET ADDRESS	545 ASPEN AVE		1.3 STREET ADDRESS	445 Spruce Ave	
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE	D - Vice President	☐ DELETE	2.1 TITLE	Director	☑ Change ☑ Addition
NAME	MAZZA, JOSEPH		2.2 NAME	Elfrieda Baumgarten	
STREET ADDRESS	475 SANDRIFT DRIVE		2.3 STREET ADDRESS	560 Longwood Dr	
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☑ Change ☑ Addition
NAME	MULVANEY, PATRICIA		3.2 NAME	William Murphy	
STREET ADDRESS	550 WALNUT CIRCLE		3.3 STREET ADDRESS	449 Longwood Dr	
CITY-ST-ZIP	VENICE FL 34292		3.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE		☐ DELETE	4.1 TITLE	Director	☑ Change ☑ Addition
NAME			4.2 NAME	Joanne Caffery	
STREET ADDRESS			4.3 STREET ADDRESS	442 Spruce Ave	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Venice Fl 34292	
TITLE		☐ DELETE	5.1 TITLE	Director - President	☑ Change ☑ Addition
NAME			5.2 NAME	George Taylor	
STREET ADDRESS			5.3 STREET ADDRESS	571 Sandpiper Dr N	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Venice, Fl 34292	
TITLE	D Treasurer	☐ DELETE	6.1 TITLE	Director	☑ Change ☑ Addition
NAME	Albert Hollingworth	Add'ed	6.2 NAME	Doris Anderson	
STREET ADDRESS	441 Spruce Ave		6.3 STREET ADDRESS	501 Longwood Dr	
CITY-ST-ZIP	Venice Fl 34292		6.4 CITY-ST-ZIP	Venice, Fl 34292	

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: [illegible] 3/2/98 941-485-7173

CR2E037 (10/97)