

FILE NOW: FILING FEE IS \$61.25 358.75

NONPROFIT CORPORATION ANNUAL REPORT 1998 00



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED 00 APR 10 PM 4:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N97000006271 (7)

1. Corporation Name MCINTOSH PARK OF COMMERCE PROPERTY OWNER'S ASSOCIATION, INC. W000-7608

Principal Place of Business

Mailing Address

1343 LANDINGS BLVD. SARASOTA FL 34231

P.O. BOX 20557 SARASOTA FL 34276-3557

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number N/A

Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

WINKLE, MARY E 3844 BEE RIDGE RD., STE. 202 SARASOTA FL 34233

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 Mary E. Van Winkle

Mary E Van Winkle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP NAME MARTIN, RICHARD C JR. STREET ADDRESS P.O. BOX 20557 CITY-ST-ZIP SARASOTA FL 34276-3557

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 700003213797--1 -04/19/00--01008--001 ***1258.75 ***1258.75

TITLE DST NAME MARTIN, PATRICIA A STREET ADDRESS P.O. BOX 20557 CITY-ST-ZIP SARASOTA FL 34276-3557

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 400003179911--7 -03/22/00--01008--001 ***1258.75 ***358.75

TITLE DV NAME BUCKLEW, RICHARD A STREET ADDRESS 59 SARASOTA CENTER BLVD. CITY-ST-ZIP SARASOTA FL 34240

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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: Patricia A Martin

941-922-0460 3/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 006288

CR2E037 (10/97)

REINSTATEMENT

LS

9800