05041999-90145-048-$61.25-$61.25 * 09231999-90010-035-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 NOV -9 PM 3:09
FEI # 59-3602810
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002972

1. Corporation Name
SARAS COMMERCIAL CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
137 EGLIN PARKWAY S.E. FT. WALTON BEACH FL 32548	137 EGLIN PARKWAY S.E. FT. WALTON BEACH FL 32548

2. Principal Place of Business 21 125 FERRY ROAD SE	2a. Mailing Address 26 125 FERRY ROAD SE	3. Date Incorporated or Qualified 05/21/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3602810 ☐ Applied For ☐ Not Applicable
City & State 23 FT. WALTON BEACH, FL	City & State 28 FT. WALTON BEACH	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32548 25	Zip / Country 29 32548 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN RD.,N.E.
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

31 Name: Vanida Jariyatepthavon
32 Street Address (P.O. Box Number is Not Acceptable): 125 Ferry Road SE
33
34 City: Ft. Walton Beach FL 35 Zip Code: 32548

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: _____ 9/17/99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAVEPRUNGSENUKUL, SARAS		1.2 NAME		
STREET ADDRESS	137 EGLIN PARKWAY S.E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIMSLEY, JAMES W		2.2 NAME		
STREET ADDRESS	25 WALTER MARTIN RD.,N.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HELTON, RICHARD A		3.2 NAME		
STREET ADDRESS	365 ECHO CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CR2E037 (5/98)

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: ~~SIGNATURE REQUIRED~~ 9/15/99. (850) 244-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #