

DOCUMENT # N99000006875

1. Entity Name  
GIANNINI PLACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1600 ANCHORAGE ST. 1600 ANCHORAGE ST.  
SARASOTA FL 34231 SARASOTA FL 34231

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
HORNER, JACK  
1600 ANCHORAGE STREET  
SARASOTA FL 34231

7. Name and Address of New Registered Agent  
Name Pat Horner  
Street Address (P.O. Box Number is Not Acceptable)  
1600 Anchorage St  
City Sarasota FL Zip Code 34231

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.  
SIGNATURE [Signature] DATE 1.4.01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNINI, GIUSEPPE		NAME		
STREET ADDRESS	4945 SAWYER RD.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34233		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, JACK		NAME		
STREET ADDRESS	1600 ANCHORAGE ST.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34231		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, PAT		NAME		
STREET ADDRESS	1600 ANCHORAGE ST.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34231		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(f), 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 REQUIRED  
Date 1.4.01 Daytime Phone # 941 924.5733

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90026 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0989679 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (10/00)