

DOCUMENT # P98000009903

1. Entity Name
SOUTH VILLAGE, INC.

Principal Place of Business
999 CATTLEMEN RD UNIT F
SARASOTA FL 34232-2849

Mailing Address
999 CATTLEMEN RD UNIT F
SARASOTA FL 34232-2849

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

PAQUETTE, DENNIS
4647 E. ROBINHOOD TRAIL
SARASOTA FL 34232-2642

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PAQUETTE, DENNIS	4647 E. ROBINHOOD TRAIL	SARASOTA FL 34232-2642	
	D PHILLIPS, PHILIP L	4647 E. ROBINHOOD TRAIL	SARASOTA FL 34232-2642	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis Paquette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/3/01 Daytime Phone #: 941-342-0687

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90009 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)