

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 714445 (4)

1. Corporation Name
SOUTH COUNTY CONDOMINIUM AND APARTMENT ASSOCIATION OF VENICE, INC.



| | |
|---|---|
| Principal Place of Business P.O. BOX 275 VENICE FL 34284-7275 | Mailing Address P.O. BOX 275 VENICE FL 34284-0275 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/16/1968 | 3a. Date of Last Report 02/14/1996 |
| 4. FEI Number 59-1643165 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**MOORE, ROBERT L.
227 NOKOMIS AVENUE
VENICE FL 34285**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 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: *[Signature]* DATE: **1-15-97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | V. L. BUD MILLER | |
| STREET ADDRESS | 333 ESPLANADE, N. | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | HUGHES, DAVID G. | |
| STREET ADDRESS | 999 INLET CIRCLE RD.202B | |
| CITY-ST-ZIP | VENICE, FL 00000 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | RIALL, CHARLES | |
| STREET ADDRESS | 1200 TARPON CENTER DR108 | |
| CITY-ST-ZIP | VENICE, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LA RUE, DICK | |
| STREET ADDRESS | 627 ALHAMBRA RD 402E | |
| CITY-ST-ZIP | VENICE, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MORROW, JAMES | |
| STREET ADDRESS | 627 ALHAMBRA RD104E | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KORWEK, PHILIP | |
| STREET ADDRESS | 320 NORTH PARK BLVD | |
| CITY-ST-ZIP | VENICE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: *[Signature]* DATE: **1-14-97** DAYTIME PHONE # **941-485-5869**

CR2E037 (9/96)