2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State
04-30-2004 90302 040 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 719508

1. Entity Name

SARASOTA SURF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5900 MIDNIGHT PASS ROAD SARASOTA FL 34242	5900 MIDNIGHT PASS ROAD SARASOTA FL 34242

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

4. FEI Number 59-1368786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLENATHEN, CHAD M
1820 RINGLING BLVD
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSEN, JACK 5900 MIDNIGHT PASS RD SARASOTA FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BOB 5900 MIDNIGHT PASS SARASOTA FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COYNE, THOMAS 5900 MIDNIGHT PASS ROAD SARASOTA FL 34242 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. John Auzins 5900 Midnight Pass Rd. Sarasota, Florida 34242 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEMERER, BARRY 5900 MIDNIGHT PASS ROAD SARASOTA FL 34242 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew Fogarty 5900 Midnight Pass Rd. Sarasota, Florida 34242 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRY, BERT 5900 MIDNIGHT PASS RD SARASOTA FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEBEN, BETSY 5900 MIDNIGHT PASS SARASOTA FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: _____ Director + Treas 4/26/04 941-349-2200 Ext 230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #