

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719508

FILED
Jan 30, 2006
Secretary of State

Entity Name: SARASOTA SURF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5900 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5900 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1368786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLLENATHEN, CHAD M
1820 RINGLING BLVD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HANSEN, JACK
Address: 5900 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: JOHNSON, BOB
Address: 5900 MIDNIGHT PASS
City-St-Zip: SARASOTA, FL 34242

Title: V () Delete
Name: AUZINS, JOHN
Address: 5900 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: FOGARTY, ANDREW
Address: 5900 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: CURRY, BERT
Address: 5900 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: SCHEBEN, BETSY
Address: 5900 MIDNIGHT PASS
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOGARTY, ANDREW
Address: 5900 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: S (X) Change () Addition
Name: AUZINS, JOHN
Address: 5900 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: V (X) Change () Addition
Name: COYNE, THOMAS
Address: 5900 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHEBEN, BETSY
Address: 5900 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERT CURRY

PRES

01/30/2006

Electronic Signature of Signing Officer or Director

Date