2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# 721983

Entity Name: SARASOTA-MANATEE MANUFACTURERS' ASSOCIATION, INC.

Current Principal Place of Business:

5125 FLICKER FIELD CIR
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 22228
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 59-2129773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAW, PETER D
5125 FLICKER FIELD CIR
SARASOTA, FL 34231 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: P ( ) Delete
Name: CONNELLY, KEVIN
Address: 4487 A ASHTON RD
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete
Name: MAXWELL, JOHN
Address: 6375 MATOKA RD
City-St-Zip: SARASOTA, FL 34243

Title: ED ( ) Delete
Name: STRAW, PETER
Address: 5125 FLICKER FIELD CIR
City-St-Zip: SARASOTA, FL 34231

Title: ST ( ) Delete
Name: ALLAN, JAMES
Address: 240 S PINEAPPLE AVE. , SUITE 101
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: SMITH, LINDY
Address: 900 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAXWELL, JOHN
Address: 6375 MATOKA ROAD
City-St-Zip: SARASOTA, FL 34243

Title: VP (X) Change ( ) Addition
Name: VANOSTENBRIDGE, RON
Address: 1805 APEX ROAD
City-St-Zip: SARASOTA, FL 34240

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

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

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

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: PETER D. STRAW ED 01/04/2006

Electronic Signature of Signing Officer or Director — Date