
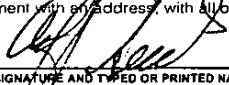


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90005 042 ****61.25

DOCUMENT # N02000007538					
1. Entity Name SARASOTA REAL ESTATE INVESTORS, INC.					
Principal Place of Business 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236		Mailing Address 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236			
2. Principal Place of Business 534 Palmwood Dr.		3. Mailing Address 534 Palmwood Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 02-0643300	
Zip 34232		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTHROYD, HOWARD		NAME		
STREET ADDRESS	820 OLD TRAIL RD.		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEEDS, CLIFF		NAME		
STREET ADDRESS	534 PALMWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KITZMAN, BETTY		NAME		
STREET ADDRESS	434 PALM TREE DR.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTMAN, JUDITH		NAME		
STREET ADDRESS	4805 COUNTRY OAKS BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34245 34232		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES WILLIG		NAME		
STREET ADDRESS	2915 COUNTRY VIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Cliff Seeds, Treasurer		Date: 2/18/06 Daytime Phone #: 941-685-6141	