


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90046 034 \*\*\*\*61.25

**DOCUMENT # N02000007538**

1. Entity Name  
**SARASOTA REAL ESTATE INVESTORS, INC.**



Principal Place of Business  
~~534 PALMWOOD DR~~  
~~SARASOTA, FL 34236~~

Mailing Address  
~~534 PALMWOOD DR~~  
~~SARASOTA, FL 34236~~

40000000A



2. Principal Place of Business - No P.O. Box #  
**263 LONDONBERRY DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**441 BEE RIDGE RD**  
 Suite, Apt. #, etc.  
**PMB 100**

01132007 Chg-NP CR2E037 (12/06)

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

Zip  
**34240** Country  
**USA**

Zip  
**34233** Country  
**USA**

4. FEI Number  
**02-0643300**

Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**DOERR, KENNETH D**  
**240 SOUTH PINEAPPLE AVENUE 10TH FLOOR**  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEEDS, CLIFF 1534 PALMWOOD DR SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KITZMAN, BETTY 506 HOULE AVE SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITTMAN, JUDITH 901 DAAKESWOOD CT SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIG, JAMES 3915 COUNTRY VIEW CIRCLE SARASOTA, FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIG, JAMES 3915 COUNTRY VIEW CIRCLE SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOWER, GEORGE 1506 MAPLE ST NOKOMIS, FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MARLO, KAREN 263 LONDONBERRY DR SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, JUDITH 901 DAAKESWOOD CT SARASOTA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEDS, CLIFF 1534 PALMWOOD DR SARASOTA, FL 34232 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, AL 7040 DEL LAGO DR SARASOTA, FL 34238 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CLETON H. SEEDS 1/13/07 941-685-6141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #