

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000581

FILED  
Aug 19, 2009  
Secretary of State

**Entity Name:** MOCKINGBIRD PLACE HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

5301 ECHO LANE  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 19016  
SARASOTA, FL 34276

**New Mailing Address:**

**FEI Number:** 20-1155516      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BALDWIN, CAROLYN  
5301 ECHO LN  
SARASOTA, FL 34233    US

**Name and Address of New Registered Agent:**

BALDWIN, CAROLYN PRES  
5301 ECHO LN  
SARASOTA, FL 34233    US

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: CAROLYN BALDWIN

08/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP            ( ) Delete  
Name: GARCIA, MIGUEL  
Address: 3505 BLEACH UM FERN LN  
City-St-Zip: SARASOTA, FL 34235

Title: ST            ( ) Delete  
Name: CHRISTENSEN, CARRIE  
Address: 5260 ECTO LN  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP            (X) Change ( ) Addition  
Name: GARCIA, MIGUEL VPRES  
Address: 3505 BLEACH UM FERN LN  
City-St-Zip: SARASOTA, FL 34235

Title: ST            (X) Change ( ) Addition  
Name: ALSTON, VALERIE TREAS  
Address: 5220 ECHO LN  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN BALDWIN

PRES

08/19/2009

Electronic Signature of Signing Officer or Director

Date