

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14350** (5)

1. Corporation Name  
**SARASOTA CONCERT ASSOCIATION, INC.**



Principal Place of Business <b>% PLYMOUTH HARBOR INC 700 JOHN RINGLING BLVD SARASOTA FL 34236-1551 US</b>	Mailing Address <b>C/O JOHN W. AMES, PRESIDENT 4556 ASCOT CIRCLE SOUTH SARASOTA FL 34235-3612 US</b>
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3. Date Incorporated or Qualified  
**04/14/1986**

4. FEI Number  
**59-2850861**

Applied For  
 Not Applicable

2. Principal Place of Business 21 <b>4346 Bryant's Pond Lane</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>96 Martha Leiter</b> Suite, Apt. #, etc.
22	27 <b>4346 Bryant's Pond Lane</b>
23 City & State <b>SARASOTA, FL</b>	28 City & State <b>SARASOTA, FL</b>
24 Zip <b>34233</b>	25 Country <b>US</b>
29 Zip <b>34233</b>	30 Country <b>US</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**AMES, JOHN W.  
4556 ASCOT CIRCLE SOUTH  
SARASOTA FL 34235**

10. Name and Address of New Registered Agent

81 Name **MARTHA LEITER**

82 Street Address (P.O. Box Number Is Not Acceptable)  
**4346 BRYANTS POND LANE**

83

84 City **SARASOTA** FL 85 Zip Code **34233**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE **Martha Leiter, President** **MARTHA LEITER** **1/8/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>AMES, JOHN W.</b>	
STREET ADDRESS	<b>4556 ASCOT CIRCLE SOUTH</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>LEITER, MARTHA</b>	
STREET ADDRESS	<b>4346 BRYANTS POND LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>QUIMBY, ROBERT F</b>	
STREET ADDRESS	<b>1363 GLENDALE CIRCLE E</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>PETERS, GEORGE J.</b>	
STREET ADDRESS	<b>541 PUTTING GREEN LANE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SMITH, MARGARET</b>	
STREET ADDRESS	<b>4027 COUNTRY VIEW DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BAAR, HERMAN</b>	
STREET ADDRESS	<b>835 S OSPREY AVE # 114</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>VP</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>DACHO DACHOFF</b>		
1.3 STREET ADDRESS	<b>6647 AVENUE D</b>		
1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	<b>34233</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	<b>34232</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	<b>34228</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP	<b>34233</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP	<b>34236</b>		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **George J. Peters - T** **1/8/98** **941-383-8233**  
Signature and typed or printed name of signing officer or director DATE Daytime Phone #

CR2E037 (10/97)