FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14350

(5)

SARASOTA CONCERT ASSOCIATION, INC.					
Principal Place	e of Business	Mailing Address			. WIN) 25011 61212 NINII 41011 1881
% PLYMOUTH 1 700 JOHN RINK SARASOTA FL US	SLING BLVD	C/O JOHN W. AMES. PRESID 4556 ASCOT CIRCLE SOUTH SARASOTA FL 34235-3612 US		3. Date Incorporated or Qualified 04/14/1986 4. FEI Number 59-2850861	Applied For Not Applicable
21 4346	Bryant's Pond Lane	2a. Maiting Address 26 96 Martha LC	iter	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, el&	Suite, Apt. #, etc. 27 4 346 8 Mant's	Pond Lane	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State 28 SALASOTA	FL	7. Is this nonprofit corporation a homeowed	ners association?
zin 3421	# 33 25 US	Zip 29 3423 3 3	Country	This corporation owes or has paid the Personal Property Tax due June 30.	Yes K No
(04)				10. Name and Address of New Registere	ed Agent
81 Name				MARTHA LEITER _	
AMES, JOHN W. 4556 ASCOT CIRCLE SOUTH			82 Street Ac	ddress (P.O. Box Number Is Not Acceptable) LERYANTS POND LANE	
	TA FL 34235		83	C DHAMMIZ LONG THWE	
OAINGO	717 1 E 04200		24 00		
			84 City	2 <i>R4501</i> 4 F	L 85 34233
11. Pursuant to the provisions of Seofigns 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 Porida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I amy affailar walking and accept the obligators of Seofign 91,0503, Florida Statutes.					
office or re	enistered and or both in the State of	Plorida Such chance was aut	harized by the como	orporation sobmits this statement for the purpose tration's hoard of directors. I hereby accept the a	ennointment as registered
office or re agent. I as	egistered aggin, or both, in the State o minutaliar with land accept the obligati	f Piprida. Such change was aut cos of, Section 617.0503, Florid	horized by the corporate Statutes.	orporation's obtains this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
office or re agent. I as SIGNATURE	VIIAAMIO AGAINA.	I PCA I /XTAALI	MARIHA	LEUEK1/8	ppointment as registered
1	VIIAAMIO AGAINA.	and Little if applicable. (NOTE: F	MAKIHA legistered Agent signature red 13.	Quired when reinstating) / DAT ADDITIONS/CHANGES TO OFFICERS A	/98
SIGNATURE	Signature, typed of printed name of the stored eight OFFICERS AND	and Little if applicable. (NOTE: F	MAKIHA legistered Agent signature red 13.	Guired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	/98
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CITY-ST-ZIP

SARASOTA FL

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 of 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 reperior of 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.

6.2 NAME

SIGNATURE

NAME

STREET ADDRESS

BAAR, HERMAN

835 S OSPREY AVE # 114

1/8/98 941.383.8233

FILED

Jan 20 1998 8:00am

Secretary of State