


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90016 049 ****61.25

DOCUMENT # N41855
1. Entity Name
EAST VILLAGE CART OWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address
733 POND LILY WAY 733 POND LILY WAY
VENICE FL 34293 VENICE FL 34293
US US

54037106



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
733 POND LILY WAY
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0254032 Not Applicable

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

6. Name and Address of Current Registered Agent
SAURMAN, PAUL
3173 NIGHT HERON LANE
VENICE FL 34293

7. Name and Address of New Registered Agent
Name **PAUL P SAURMAN**
Street Address (P.O. Box Number is Not Acceptable)
733 POND LILY WAY
City **VENICE** FL Zip Code **34293**

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 **PAUL P SAURMAN SECRETARY** **PAUL P SAURMAN** **3/3/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAURMAN, PAUL 3173 NIGHT HERON LANE VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BASTA, LAURENCE R 529 LAUREL CHERRY LN VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHARDS, JAMES 1801 QUAIL LAKE DR VENICE FL 34293	<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
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	SAURMAN, PAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAURMAN, PAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **PAUL P SAURMAN SECRETARY** **PAUL P SAURMAN** **3/3/04** **941-497-2011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #