


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90199 016 ****61.25

DOCUMENT # N41855			
1. Entity Name EAST VILLAGE CART OWNERS ASSOCIATION INC.			
Principal Place of Business 733 POND LILY WAY VENICE, FL 34293 US		Mailing Address 733 POND LILY WAY VENICE, FL 34293 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAURMAN, PAUL 733 POND LILY WAY VENICE, FL 34293		Name <u>Barbara A. Scott</u> Street Address (P.O. Box Number is Not Acceptable) <u>1455 Quail Lake Dr</u> City <u>Venice</u> FL Zip Code <u>34293</u>	
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 <u>Barbara A. Scott</u> <u>Barbara A. Scott</u>		DATE <u>4/27/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAURMAN, PAUL 733 POND LILY WAY VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Scott, Barbara</u> <u>1455 Quail Lake Drive</u> <u>Venice, FL 34293</u>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Bickel, Robert</u> <u>3148 Heron Shores Dr</u> <u>Venice, FL 34293</u>
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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: <u>Laurence R Basta</u>		DATE <u>4/17/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40000000



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0254032 Applied For Not Applicable

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

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #