2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90068 036 ****61.25

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1. Entity Name
CATTLEMEN CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
999 CATTLEMEN RD UNIT G SARASOTA, FL 34232 US	2315 53RD ST. SARASOTA, FL 34234-3107 US

94U07104

01152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0536403
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAQUETTE, DENNIS
2315 53RD ST.
SARASOTA, FL 34234

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	RAGAN, RANDALL R
STREET ADDRESS	999 D CATTLEMEN RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	STD
NAME	PAQUETTE, DENNIS
STREET ADDRESS	2315 53RD ST.
CITY-ST-ZIP	SARASOTA, FL 342343107
TITLE	PD
NAME	EISENMANN, DAVID
STREET ADDRESS	999 G CATTLEMEN RD.
CITY-ST-ZIP	SARASOTA, FL 342322849
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #