

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N14350** (5)

1. Corporation Name

SARASOTA CONCERT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PLYMOUTH HARBOR INC
700 JOHN RINGLING BLVD
SARASOTA FL 34236-1551
US

C/O JOHN W. AMES, PRESIDENT
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

2. Principal Place of Business

4346 Bryant's Pond Lane

2a. Mailing Address

96 Martha Leiter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip **34233**

Country **US**

Zip **34233**

Country **US**

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

10. Name and Address of New Registered Agent

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

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

TITLE **P** ☒ DELETE

NAME **AMES, JOHN W.**
STREET ADDRESS **4556 ASCOT CIRCLE SOUTH**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☐ DELETE

NAME **LEITER, MARTHA**
STREET ADDRESS **4346 BRYANTS POND LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☐ DELETE

NAME **QUIMBY, ROBERT F**
STREET ADDRESS **1363 GLENDALE CIRCLE E**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☐ DELETE

NAME **PETERS, GEORGE J.**
STREET ADDRESS **541 PUTTING GREEN LANE**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☐ DELETE

NAME **SMITH, MARGARET**
STREET ADDRESS **4027 COUNTRY VIEW DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **BAAR, HERMAN**
STREET ADDRESS **835 S OSPREY AVE # 114**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition

1.2 NAME **DACHO DACHOFF**
1.3 STREET ADDRESS **6647 AVENUE D**
1.4 CITY-ST-ZIP **SARASOTA, FL 34231**

2.1 TITLE **P** ☐ Change ☐ Addition

2.2 NAME **34233**
2.3 STREET ADDRESS **34233**
2.4 CITY-ST-ZIP **34233**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **34232**
3.3 STREET ADDRESS **34232**
3.4 CITY-ST-ZIP **34232**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **34228**
4.3 STREET ADDRESS **34228**
4.4 CITY-ST-ZIP **34228**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **34233**
5.3 STREET ADDRESS **34233**
5.4 CITY-ST-ZIP **34233**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **34236**
6.3 STREET ADDRESS **34236**
6.4 CITY-ST-ZIP **34236**

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* **George J. Peters - T**

1/8/98

941-383-8233

CR2E037 (10/97)