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Feb 26, 1999 8:00 am  
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02-26-1999 90039 039 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N14350**

1. Corporation Name

**SARASOTA CONCERT ASSOCIATION, INC.**

Principal Place of Business

4346 BRYANT'S POND LN  
SARASOTA FL 34233  
US

Mailing Address

% MARTHA LEITER  
4346 BRYANT'S POND LN  
SARASOTA FL 34233  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/14/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2850861

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEITER, MARTHA  
4346 BRYANT'S POND LN  
SARASOTA FL 34233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME DACHO DACHOFF  
STREET ADDRESS 6647 AVE D  
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP  
NAME LEITER, MARTHA  
STREET ADDRESS 4346 BRYANTS POND LANE  
CITY-ST-ZIP SARASOTA FL 34233

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME QUIMBY, ROBERT F  
STREET ADDRESS 1363 GLENDALE CIRCLE E  
CITY-ST-ZIP SARASOTA FL 34232

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  
NAME PETERS, GEORGE J.  
STREET ADDRESS 541 PUTTING GREEN LANE  
CITY-ST-ZIP LONGBOAT KEY FL 34228

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME SMITH, MARGARET  
STREET ADDRESS 4027 COUNTRY VIEW DRIVE  
CITY-ST-ZIP SARASOTA FL 34233

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BAAR, HERMAN  
STREET ADDRESS 835 S OSPREY AVE # 114  
CITY-ST-ZIP SARASOTA FL 34236

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D BAAR HERMAN  
101 S GULFSTREAM APT 8-D  
SARASOTA FL 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, with all other like empowered.

SIGNATURE:

*George J. Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 (94) 383-8233

Date

Daytime Phone #

CR2E037 (11/98)