

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 050 \*\*\*\*61.25

|                                                             |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N14350</b>                                    |  |
| 1. Entity Name<br><b>SARASOTA CONCERT ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                   |                                                                                               |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3820 AMAPOLA LANE<br/>SARASOTA, FL 34238 US</b> | Mailing Address<br><b>C/O JAMES SCHIFFMAN<br/>3820 AMAPOLA LANE<br/>SARASOTA, FL 34238 US</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |



01032007 Chg-NP CR2E037 (12/06)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2850861</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                         |  |                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>SCHIFFMAN, JAMES<br/>3820 AMAPOLA LANE<br/>SARASOTA, FL 34238</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|-------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

|                                                     |                                                                                     |                                       |                                                              |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>MILLER, MELTON M<br/>1328 GLENDALE CIRCLE E.<br/>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>LEITHER, MARTHA<br/>4346 BRYANTS POND LANE<br/>SARASOTA, FL 34233</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BOYLAN, PAUL<br/>7049 TREYMORE COURT<br/>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>SCHIFFMAN, JAMES<br/>3820 AMAPOLA LANE<br/>SARASOTA, FL 34238</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GOODMAN, JOHN<br/>435 S GULFSTREAM AVE # 806<br/>SARASOTA, FL 34236</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCINTYRE, JOY<br/>5137 CANTABRIA CREST<br/>SARASOTA, FL 34238</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** *James Schiffman* **JAMES SCHIFFMAN** *Jan 4, 07 941-84-1166*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT  
DOCUMENT # N14350  
SARASOTA CONCERT ASSOCIATION, INC.

2000/207

N14350

## ADDITIONAL LIST OF OFFICERS AND DIRECTORS

VP

LIGHT, CHRISTOPHER  
1135 GULF OF MEXICO DR #4405  
LONGBOAT KEY, FL. 34228

D

TESTA, MARY E  
4634 MIRADA WAY #22  
SARASOTA, FL 34238

D

GANS, RICHARD  
1701 KEELY LANE  
SARASOTA, FL 342332

D

GRIGGS, ROBERT  
4851 LAS BRISAS LANE  
SARASOTA, FL 344238

D

LEBELL, JUNE  
4709 COUNTRY MANOR DRIVE  
SARASOTA, FL 34233

D

LOWITT, PHYLLIS  
4390 LONGCHAMP DRIVE  
SARASOTA, FL 34235

D

LUTEN, CAROL ANN  
3835 GLEN OAKS MANOR DRIVE  
SARASOTA, FL 34232

D

MCCOLLUM, JOHN M.  
3380 W. CHELMSFORD  
SARASOTA, FL 34235

D

MILBURN, FRANK  
4466 HIGHLAND PARK  
SARASOTA, FL 34235

D

ROCHE, SARITA  
101 S. GULFSTREAM AVE #10F  
SARASOTA, FL 34236

D

ROSS, LEE DOUGHERTY  
1800 BEN FRANKLIN DR #B-506  
SARASOTA, FL 34236

D

SICILIANO, ARTHUR  
1010 GULF WINDS WAY  
NOKOMIS, FL 34275

D

STREETMAN, NANCY  
4346 BRYANTS POND LANE  
SARASOTA, FL 34233