

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001446

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: SARASOTA WOODTURNERS, INC.

**Current Principal Place of Business:**

106 N. WARBLER LN.  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

106 N. WARBLER LN.  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 27-0079949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENWALD, MERLE A  
106 N. WARBLER LN.  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, ROBERT  
Address: 6423 WOODBIRCH PL  
City-St-Zip: SARASOTA, FL 34238 US

Title: S ( ) Delete  
Name: ARCHIBALD, LEWIS  
Address: 4333 GREENWOOD STABLES RD  
City-St-Zip: SARASOTA, FL 34235 US

Title: T ( ) Delete  
Name: GREENWALD, MERLE A  
Address: 106 N. WARBLER LN.  
City-St-Zip: SARASOTA, FL 34236 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARCHIBALD, LEWIS  
Address: 4333 GREENWOOD STABLES RD  
City-St-Zip: SARASOTA, FL 34235 US

Title: S (X) Change ( ) Addition  
Name: SNCEREN, COR  
Address: 5312 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERLE A GREENWALD

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date