

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719508

Entity Name: SARASOTA SURF & RACQUET CLUB CONDOMINIUM
ASSOCIATION, INC.

Current Principal Place of Business:

5900 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

Current Mailing Address:

5900 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

FEI Number: 59-1368786

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STROUSE, CAROLYN A
5900 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

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: CAROLYN A STROUSE

01/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HERB, F. STEVEN
Address 5900 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name WILCOX, MARK
Address 5900 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

Title VP
Name CICCOLINI, MICHAEL
Address 5900 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

Title TREASURER
Name DONOHUE, MARY E.
Address 5900 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name HOWENSTEIN, LARRY J.
Address 5900 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name WILLIAMS, JAMES D.
Address 5900 MIDNIGHT PASS RD
City-State-Zip: SARASOTA FL 34242

I hereby 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 all other like empowered.

SIGNATURE: F. STEVEN HERB

PRESIDENT

01/17/2025

Electronic Signature of Signing Officer/Director Detail

Date