2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2017
Secretary of State
CC2315246596

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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: No

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 02/03/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	D
Name	POSTIY, RONALD
Address	5900 MIDNIGHT PASS RD
City-State-Zip:	SARASOTA FL 34242

Title	D.
Name	NASH, THOMAS
Address	5900 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Title	S
Name	KINDEL, MARY MARGARET
Address	5900 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

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

Title	P
Name	ATKINS, WILLIAM
Address	5900 MIDNIGHT PASS RD
City-State-Zip:	SARASOTA FL 34242

Title	V
Name	CALKINS, JERRY
Address	5900 MIDNIGHT PASS RD
City-State-Zip:	SARASOTA FL 34242

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

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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: WILLIAM ATKINS PRESIDENT 02/03/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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