

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000869

**Entity Name:** CATHOLIC CHARITIES HOUSING SARASOTA, INC.**Current Principal Place of Business:**1000 PINEBROOK RD  
VENICE, FL 34285**Current Mailing Address:**1000 PINEBROOK RD  
VENICE, FL 34285**FEI Number:** 20-2901940**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DIVITO, JOSEPH A  
4514 CENTRAL AVE  
ST PETERSBURG, FL 33711 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	SMERYK, VOLODYMYR DR
Address	1000 PINEBROOK RD
City-State-Zip:	VENICE FL 34285

Title	VPD
Name	BUSTER, SR. CATHY
Address	420 BEACH ROAD
City-State-Zip:	SARASOTA FL 34242

Title	D
Name	ROMILLO, ANA
Address	2120 LUCKY STREET
City-State-Zip:	PORT CHARLOTTE FL 33988

Title	PRESIDENT
Name	ARAGONA, SHARON B
Address	1000 PINEBROOK RD
City-State-Zip:	VENICE FL 34285

Title	CD
Name	ROUTSIS-ARROYO, PETER
Address	1000 PINEBROOK RD
City-State-Zip:	VENICE FL 34285

  

Title	SECRETARY, DIRECTOR
Name	SWEENEY, JIM
Address	4616 MACKINAW AVENUE
City-State-Zip:	NORTH FORT MYERS FL 33903

  

Title	D
Name	TYLER, PAT
Address	2202 CASEY KEY ROAD
City-State-Zip:	NOKOMIS FL 34275

*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:** PETER ROUTSIS-ARROYO

CHAIR

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date