## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008684

Entity Name: SARASOTA CAY CLUB COA, INC.

Mar 13, 2025 **Secretary of State** 8453757654CC

**FILED** 

## **Current Principal Place of Business:**

C/O REALMANAGE 458 N TAMIAMI TRAIL OSPREY, FL 34229

## **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

FEI Number: 20-4296242 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ANDERSON, GIVENS & FREDERICKS, P.A. 3665 BEE RIDGE RD #100 SARASOTA, FL 34233 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: D.J. FREDERICKS, ESQUIRE 03/13/2025

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** CARUSO, MARK Name Name KICHI, NAVID

Address C/O REALMANAGE Address C/O REALMANAGE 458 N TAMIAMI TRAIL

458 N TAMIAMI TRAIL

**DIRECTOR** 

OSPREY FL 34229 OSPREY FL 34229 City-State-Zip: City-State-Zip:

Title VΡ

KICHI, OSCAR KICHI, JESSE Name Name

C/O REALMANAGE Address C/O REALMANAGE Address 458 N TAMIAMI TRAIL 458 N TAMIAMI TRAIL

OSPREY FL 34229 OSPREY FL 34229 City-State-Zip: City-State-Zip:

Title **SECRETARY** HILLARD, JON Name

C/O REALMANAGE Address

458 N TAMIAMI TRAIL

OSPREY FL 34229 City-State-Zip:

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.

03/13/2025 SIGNATURE: NAVID KICHI **PRESIDENT**