

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000012013

**Entity Name:** BABY BASICS OF SARASOTA COUNTY, INC.

**FILED**  
**Jan 14, 2018**  
**Secretary of State**  
**CC3603286184**

**Current Principal Place of Business:**

% SANDRA N SLAMINKO  
4510 BAYCEDAR LANE  
SARASOTA, FL 34241

**Current Mailing Address:**

% SANDRA N SLAMINKO  
4510 BAYCEDAR LANE  
SARASOTA, FL 34241

**FEI Number: 11-3832610**

**Certificate of Status Desired: No**

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

SLAMINKO, SANDRA N  
4510 BAYCEDAR LANE  
SARASOTA, FL 34241 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 PD  
Name SLAMINKO, SANDRA N  
Address 4510 BAYCEDAR LANE  
City-State-Zip: SARASOTA FL 34241

Title D  
Name BOS, GWEN H  
Address 3591 FERNDCELL  
City-State-Zip: SARASOTA FL 34235

Title TD  
Name GEORGIU, ROBERTA  
Address 4520 CHERRYBARK CT.  
City-State-Zip: SARASOTA FL 34241

Title D  
Name MAST, MINDY  
Address 4107 CAMINO REAL  
City-State-Zip: SARASOTA FL 34231

Title D  
Name PRICE, BARBARA  
Address 4513 CITATION LANE  
City-State-Zip: SARASOTA FL 34233

Title FINANCE COMMITTEE CHAIR  
Name LAWRENCE, CAROLINE  
Address 5008 PALM AIRE DRIVE  
City-State-Zip: SARASOTA FL 34243

Title D  
Name HARRIS, GLINDA  
Address 3123 BELLEFONTE AVE  
City-State-Zip: NORTHPORT FL 34286

Title D  
Name KUDLA, LESLIE  
Address 5417 COUNTRY LAKES LANE  
City-State-Zip: SARASOT FL 34243

**Continues on page 2**

*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: CAROLINE LAWRENCE**

**FIN CHAIRMAN**

**01/14/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name MORRIS, LYNNE  
Address 4717 BONTA ROAD  
City-State-Zip: VENICE FL 34293

Title SD  
Name KRAIVEC, MICHELE  
Address 3726 80TH DR  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name PYNCKELS, ANN  
Address 148 MYAKKA DR  
City-State-Zip: VENICE FL 34293

Title D  
Name BECHTEL, ROSEMARY  
Address 2441 TERRY LN  
City-State-Zip: SRARSOTA FL 34231

Title DIRECTOR  
Name HORNBERGER, JEN  
Address 5820 WHISTLEWOOD CIRCLE  
City-State-Zip: SARASOTA FL 24232

Title VP  
Name WILDHACK, ELIZABETH  
Address 3804 LYNDHURST CT  
City-State-Zip: SARASOTA FL 34235