

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07975

Entity Name: SARASOTA ALLIANCE FOR HISTORIC PRESERVATION, INC.

FILED
Mar 05, 2024
Secretary of State
2289403864CC

Current Principal Place of Business:

8949 ARTISAN WAY
SARASOTA, FL 34240

Current Mailing Address:

P.O. BOX 1754
SARASOTA, FL 34230 US

FEI Number: 59-2551426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCARDLE, THOMAS STEPHEN
8949 ARTISAN WAY
SARASOTA, FL 34240 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: THOMAS S. MCARDLE

03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name MCARDLE, THOMAS STEPHEN
Address 8949 ARTISAN WAY
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR
Name MULDOWNNEY, LORRIE
Address 2709 TEMPLE STREET
City-State-Zip: SARASOTA FL 34239

Title VP
Name PRESTON, BARRY
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name SOUZA, TONY
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name DEFORGE, NANCY
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name VERTEFEUILLE, JAN
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name DIFAZIO, ERIN
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name HUMES, LARRY
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

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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: THOMAS S. MCARDLE

**SECRETARY &
TREASURER**

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PERLMAN, KATHLEEN
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name SCOTT, KARA
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR
Name THIERMAN, PHILLIP
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

Title PRESIDENT
Name BABER, DAVE
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230