

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07975

Entity Name: SARASOTA ALLIANCE FOR HISTORIC PRESERVATION, INC.

FILED
Jan 23, 2023
Secretary of State
0521313244CC

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

01/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name WRIGHT, FRANK
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 DRISCOLL, DOUG
Address P.O. BOX 1754
City-State-Zip: SARASOTA FL 34230

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

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: THOMAS S. MCARDLE

**TREASURER &
SECRETARY**

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name PIERI, PHD., ZACHARIAS
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