

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14350

**Entity Name:** SARASOTA CONCERT ASSOCIATION, INC.**Current Principal Place of Business:**5117 HIGHBURRY CIRCLE  
SARASOTA, FL 34238**Current Mailing Address:**P. O. BOX 211  
SARASOTA, FL 34230 US**FEI Number:** 59-2850861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOVE, ROBERT F  
505 S ORANGE AVE  
UNIT 903  
SARASOTA, FL 34236 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:** ROBERT F. DOVE

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MCINTYRE, JOY  
Address        700 JOHN RINGLING BOULEVARD  
                  T412  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name           HAMAD, RENEE  
Address        1814 ROLAND STREET  
City-State-Zip: SARASOTA FL 34231

Title            SECOND VICE PRESIDENT  
Name           BERENSON, GAIL  
Address        6414 ADDINGTON PLACE  
City-State-Zip: UNIVERSITY PARK FL 34201

Title            DIRECTOR  
Name           ROBINSON, SUSAN  
Address        1629 N. LAKESHORE DRIVE  
City-State-Zip: SARASOTA FL 34231

Title            FIRST VICE PRESIDENT  
Name           SICILIANO, ARTHUR  
Address        505 S ORANGE AVE  
                  UNIT 1503  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name           MCCLOUD, GANT  
Address        7575 ALISTER MACKENZIE DRIVE  
City-State-Zip: SARASOTA FL 34240

Title            TREASURER  
Name           DOVE, ROBERT FRANKLIN  
Address        505 SOUTH ORANGE AVENUE  
                  903  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name           TURON, CHARLES  
Address        3908 CAPE VISTA DRIVE  
City-State-Zip: BRADENTON FL 34209

**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:** ROBERT DOVE

TREASURER

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name WINN, MARA  
Address 11167 ROSATE CT.  
T412  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name BRIAN, BARBARA  
Address 1211 GULF OF MEXICO DR.  
#502  
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR  
Name CLIFF, JIM  
Address 3917 GLEN OAKS DR  
City-State-Zip: SARASOTA FL 34232

Title EXECUTIVE DIRECTOR  
Name MOXLEY, LINDA  
Address P. O. BOX 211  
City-State-Zip: SARASOTA FL 34230

Title PRESIDENT ELECT  
Name ANDERSON, DALE P. MD  
Address 505 SOUTH ORANGE AVENUE  
301  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name BROOKS, MICHAEL  
Address 4731 WHITE TAIL LN.  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name MARKHAM, JOHN  
Address 700 JOHN RINGLING BOULEVARD  
NW132  
City-State-Zip: SARASOTA FL 34236