#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14350

Entity Name: SARASOTA CONCERT ASSOCIATION, INC.

**FILED** Feb 08, 2024 **Secretary of State** 4102442271CC

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

1715 S SCHOOL AVE SARASOTA. FL 34239-2333

### **Current Mailing Address:**

1715 S SCHOOL AVE

SARASOTA. FL 34239-2333 US

FEI Number: 59-2850861 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MROCZKOWSKI, TINA M SMITH MROCZKOWSKI, PLLC 3400 S. TAMIAMI TRAIL, SUITE 101 SARASOTA, FL 34239 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	IMMEDIATE PAST PRESIDENT	Title	FIRST VICE PRESIDENT
Name	MCINTYRE, JOY	Name	SICILIANO, ARTHUR
Address	700 JOHN RINGLING BOULEVARD T412	Address	505 S ORANGE AVE UNIT 1503

T412

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

SECOND VICE PRESIDENT **TREASURER** Title Title

Name BERENSON, GAIL Name BEILMAN, THEODORE GERARD

Address 6414 ADDINGTON PLACE Address 1715 S SCHOOL AVE

SARASOTA FL 34239-2333 City-State-Zip: City-State-Zip: UNIVERSITY PARK FL 34201

Title **PRESIDENT** Title **SECRETARY** 

ANDERSON, DALE P. MD Name WINN, MARA Name

505 SOUTH ORANGE AVENUE 11167 ROSATE CT. Address Address T412 301

City-State-Zip: City-State-Zip: SARASOTA FL 34238 SARASOTA FL 34236

Title **EXECUTIVE DIRECTOR** Title **DIRECTOR** 

Name MOXLEY, LINDA Name FAERBER, ERIC

Address P. O. BOX 211 Address 5182 COTE DU RHONE WAY

City-State-Zip: SARASOTA FL 34230 City-State-Zip: SARASOTA FL 34238

#### 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.

02/08/2024 SIGNATURE: THEODORE BEILMAN **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name STEPHENSON-MOE, ANN Name ROTHMAN, PAULA

8908 WHITEMARSH AVE Address 1111 N. GULFSTREAM AVE Address

1C

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34236

Title **DIRECTOR** Title DIRECTOR

MAYER, ROBERT DR. Name Name DOVE, ROBERT

Address 111 S PINEAPPLE Address 505 S ORANGE AVE 1112

#903 City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236