

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

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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: 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