

**2022 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:**MOXLEY, LINDA E  
5117 HIGHBURY CIRCLE  
SARASOTA, FL 34238 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:** LINDA E MOXLEY

02/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

Title SECRETARY  
Name WINN, MARA  
Address 11167 ROSATE CT.  
T412  
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.*

**SIGNATURE:** LINDA E MOXLEY**EXECUTIVE DIRECTOR**

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title            DIRECTOR  
Name            ROTHMAN, PAULA  
Address        8908 WHITEMARSH AVE  
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            DIRECTOR  
Name            STEPHENSON-MOE, ANN  
Address        1111 N. GULFSTREAM AVE  
                  1C  
City-State-Zip: SARASOTA FL 34236