

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

DOCUMENT# N14350

**Entity Name:** SARASOTA CONCERT ASSOCIATION, INC.**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  
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 SECOND VICE PRESIDENT  
Name BERENSON, GAIL  
Address 6414 ADDINGTON PLACE  
City-State-Zip: UNIVERSITY PARK FL 34201

Title TREASURER  
Name BEILMAN, THEODORE GERARD  
Address 1715 S SCHOOL AVE  
City-State-Zip: SARASOTA FL 34239-2333

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

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

Title DIRECTOR  
Name FAERBER, ERIC  
Address 5182 COTE DU RHONE WAY  
City-State-Zip: SARASOTA FL 34238

Title EXECUTIVE DIRECTOR  
Name MOXLEY, LINDA  
Address P. O. BOX 211  
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:** THEODORE BEILMAN**TREASURER****02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name DOVE, ROBERT  
Address 505 S ORANGE AVE  
#903  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name ROTHMAN, PAULA  
Address 8908 WHITEMARSH AVE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name MAYER, ROBERT DR.  
Address 111 S PINEAPPLE  
1112  
City-State-Zip: SARASOTA FL 34236