

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000008920

FILED
Mar 10, 2023
Secretary of State
0311102009CC

Entity Name: ST. ARMANDS RESIDENTS ASSOCIATION, INC.,

Current Principal Place of Business:

315 JACKSON DR
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 2482
SARASOTA, FL 34230 US

FEI Number: 88-3923134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALES, JULIA
315 JACKSON DR
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TUFFILE, LUCRETIA
Address 338 S WASHINGTON DR
City-State-Zip: SARASOTA FL 34326

Title DIRECTOR
Name SCHEY, WILLIAM
Address 84 N WASHINGTON DR
City-State-Zip: SARASOTA FL 34326

Title DIRECTOR
Name KRALL, DARRYL
Address 343 S WASHINGTON DR
City-State-Zip: SARASOTA FL 34326

Title DIRECTOR, PRESIDENT
Name GOGLIA, CHRISTOPHER
Address 308 N WASHINGTON DR
City-State-Zip: SARASOTA FL 34326

Title DIRECTOR, VP
Name KIRSHNER, DAVID
Address 178 N WASHINGTON DR
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR, TREASURER
Name BALES, JULIA
Address 315 JACKSON DR
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR, SECRETARY
Name MCPEAK, GLENN
Address 414 N WASHINGTON DR
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name FIORE, HUGH
Address 162 N WASHINGTON DR
City-State-Zip: SARASOTA FL 34236

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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: CHRISTOPHER MARK GOGLIA

PRESIDENT

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BALES, KEVIN
Address 315 JACKSON DR
City-State-Zip: SARASOTA FL 34236