

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90002 020 ****61.25

40109620



06162008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0105268

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUNDY, SUSAN
1990 MAIN STREET
#801
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GREGORY, SUZANNE	
STREET ADDRESS	1642 ARLINGTON STREET	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RODDY, ALAN	
STREET ADDRESS	1777 MAIN STREET, STE 500	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRUNDY, SUSAN	
STREET ADDRESS	1990 MAIN STREET STE. 801	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROOK, LYNN	
STREET ADDRESS	88 BLVD OF THE ARTS	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ULRICH, RICHARD A	
STREET ADDRESS	2940 S TAMiami TR	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATWELL, SUZANNE	
STREET ADDRESS	447 BIRD KEY DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Membership Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Sisek	
STREET ADDRESS	3307 Clark Road, Suite 203	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Schuneman	
STREET ADDRESS	1990 Main Street, Suite 801	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Russell	
STREET ADDRESS	1300 Blvd of the Arts	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Pamela Schuneman Pamela Schuneman 4/30/08 941-365-4617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #