

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90348 039 \*\*\*\*61.25

**60029086**



<b>DOCUMENT # 701179</b> 1. Entity Name <b>SARASOTA SKI-A-REES, INC.</b>					
Principal Place of Business <b>104 CITY ISLAND ROAD SARASOTA, FL 34236-8493 US</b>			Mailing Address <b>PO BOX 1493 SARASOTA, FL 34230-1493 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PERRY, T. KENT JR.</b> <b>11917 WHISTLING WAY</b> <b>BRADENTON, FL 34202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, T. KENT JR.		NAME		
STREET ADDRESS	11917 WHISTLING WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANTIN, LORI		NAME		
STREET ADDRESS	1234 SOUTH ALLENDALE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STASIOWSKI, EUGENE		NAME		
STREET ADDRESS	12016 WHISTLING WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, KIRK		NAME		
STREET ADDRESS	4949 SILKWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34202		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBBINS, LANCE		NAME		
STREET ADDRESS	2327 OAK TERRACE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUDEL, CARL		NAME		
STREET ADDRESS	4774 DEL SOL		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		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.					
<b>SIGNATURE:</b> <b>T. Kent Perry Jr.</b> <b>4/9/2006</b> <b>(941) 915-8454</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					