

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90074 032 \*\*\*\*61.25

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<b>DOCUMENT # 703151</b> 1. Entity Name <b>SARASOTA COUNCIL OF NEIGHBORHOOD ASSOCIATIONS, INC.</b>					
Principal Place of Business <b>P. O. BOX 15788 SARASOTA, FL 34277-1788 US</b> <div style="text-align: center; font-size: 1.2em;">SAME</div>			Mailing Address <b>P. O. BOX 15788 SARASOTA, FL 34277-1788 US</b> <div style="text-align: center; font-size: 1.2em;">SAME</div>		
2. Principal Place of Business <b>CONA</b> Suite, Apt. #, etc. <b>P.O. Box 15788</b> City & State <b>SARASOTA FL</b> Zip <b>34277-1788</b>		3. Mailing Address <b>SARASOTA Council Neighborhood Assoc</b> Suite, Apt. #, etc. <b>P.O. Box 15788</b> City & State <b>SARASOTA FL</b> Zip <b>34277-1788</b>		4. FEI Number <b>NOT APPLICABLE</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>US</b> Zip <b>34277-1788</b>		Country <b>US</b> Zip <b>34277-1788</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, EVELYN B 6539 BOWL LINE DR. SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name <b>BARBARA TISDALE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6948 SHOTGUN DR.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34240</b>		
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 <u><i>Barbara Tisdale</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD JOHNSON, JUDITH 224 PALMETTO LANE OSPREY, FL 34229</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KAPLAN, ANN 5045 OXFORD ST SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ANDERSON, EVELYN 65239 BOWL LINE DR SARASOTA, FL 34231</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DEVENY, GIOVANNA 98 HOURGLASS DR VENICE, FL 34293</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DUEBIG, WILLIAM 929 S. GONDOLA DR VENICE, FL 34293</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEEN, WILLIAM 791 CUMBERLAND RD VENICE, FL 34293</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BARBARA TISDALE 6948 SHOTGUN DR. SARASOTA FL 34240</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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> <u><i>Barbara Tisdale</i></u> <b>BARBARA TISDALE</b> 1/9/06 941-724-0528 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					