2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 703151

Entity Name: SARASOTA COUNCIL OF NEIGHBORHOOD ASSOCIATIONS, INC.

Current Principal Place of Business:

P. O. BOX 15788
SARASOTA, FL 342771788 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15788
SARASOTA, FL 342771788 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TISDALE, BARBARA
6948 SHOTGUN DR.
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: JOHNSON, JUDITH
Address: 224 PALMETTO LANE
City-St-Zip: OSPREY, FL 34229

Title: PD ( ) Delete
Name: KAPLAN, ANN
Address: 5045 OXFORD ST
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete
Name: TISDALE, BARBARA
Address: 6948 SHOTGUN DR.
City-St-Zip: SARASOTA, FL 34240

Title: SD (X) Delete
Name: DEVENY, GIOVANNA
Address: 98 HOURGLASS DR
City-St-Zip: VENICE, FL 34293

Title: VPD ( ) Delete
Name: DUERIG, WILLIAM
Address: 929 S. GONDOLA DR
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: STEEN, WILLIAM
Address: 791 CUMBERLAND RD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: ZOLLER, WILLIAM
Address: 6375 MCKOWAN ROAD
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN KAPLAN PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date