

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703151

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** SARASOTA COUNTY COUNCIL OF NEIGHBORHOOD ASSOCIATIONS, INC.

**Current Principal Place of Business:**

P. O. BOX 15788  
SARASOTA, FL 342771788 US

**New Principal Place of Business:**

5045 OXFORD DRIVE  
SARASOTA, FL 34242 US

**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  
1524 BOWLEES COVE  
BRADENTON, FL 34207 US

**Name and Address of New Registered Agent:**

EARL, WILLIAM  
1422 RANCHERO DRIVE  
SARASOTA, FL 34240 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: WILLIAM EARL

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: DUERIG, WILLIAM  
Address: 3000 ASHTON GARDENS DRIVE # 330  
City-St-Zip: VENICE, FL 34292

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

Title: TREA  
Name: RAMIREZ, LOURDES  
Address: 5131 ST ALBANS AVENUE  
City-St-Zip: SARASOTA, FL 34242

Title: D  
Name: ZOLLER, WILLIAM  
Address: 6375 MCKOWAN ROAD  
City-St-Zip: SARASOTA, FL 34240

Title: D  
Name: SHELDON, DICK  
Address: 3650 COUNTRY PLACE BLVD.  
City-St-Zip: SARASOTA, FL 34233

Title: D  
Name: ANTUNES, CATHY  
Address: 378 GOLDEN GATE POINT  
City-St-Zip: SARASOTA, FL 34236

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: ANN KAPLAN

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date