

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707143**

1. Entity Name  
**SARASOTA AMATEUR RADIO ASSOCIATION INC.**



Principal Place of Business  
**P O BOX 3182  
SARASOTA, FL 34230-0182**

Mailing Address  
**P O BOX 3182  
SARASOTA, FL 34230-0182**



01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1851584</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTIN, WILLIAM E  
7334 DEER CROSSING CT  
SARASOTA, FL 34240**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, WILLIAM E 7334 DEER CROSSING CT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKSON, ELMER 5165 ISLAND DATE STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, VIVIA 7334 DEER CROSSING CT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANDER POLDER, DONALD 305 SOUTH SHORE DRIVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000589288  
01/18/07-80010-009 70.00

**DO NOT WRITE  
IN THIS SPACE**

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**

*Vivia Martin* (VIVIA MARTIN)

Date

1.11.07

Daytime Phone #

941 726.8663