2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90183 018 ****61.25

DOCUMENT # 713384

1. Entity Name
STRATHMORE VILLA SOUTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
97 S. STRATHMORE BLVD. SARASOTA, FL 34233	381 INTERSTATE BLVD SARASOTA, FL 34240 US

40050259

02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1236046
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUNVART MGMT. SVCS, INC.
381 INTERSTATE BLVD
SARASOTA, FL 34240

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	~~VD~~ VICE PRESIDENT
NAME	~~EAGLE, JEANNETTE~~ MORLUNGHI, VERA
STREET ADDRESS	~~97 STRATH MORE BLVD~~ 37 STRATHMORE BLVD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	~~SD~~ SECRETARY
NAME	~~WARREN, MARILYN~~ JONES, EDWARD
STREET ADDRESS	~~63 STRATHMORE BLVD~~ 92 STRATHMORE BLVD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	~~DT~~ ASSISTANT TREASURER
NAME	HOLOVACH, JULIE
STREET ADDRESS	8 STRATH MORE BLVD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	Ronald Brown - PRESIDENT
NAME	47 STRATHMORE BLVD
STREET ADDRESS	SARASOTA FL 34233
CITY-ST-ZIP	
TITLE	TREASURER
NAME	CHARLES PRESTIA
STREET ADDRESS	26 STRATHMORE BLVD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ronald R Brown RONALD R BROWN 3/26/07 941 922-0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #