

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713607

FILED
May 01, 2008
Secretary of State

Entity Name: SARA-BAY KENNEL CLUB, INC.

Current Principal Place of Business:

1691 GEORGETOWNE BOULEVARD
SARASOTA, FL 34232 US

New Principal Place of Business:

2290 MISSION VALLEY BLVD
NOKOMIS, FL 34275 US

Current Mailing Address:

1691 GEORGETOWNE BOULEVARD
SARASOTA, FL 34232 US

New Mailing Address:

2290 MISSION VALLEY BLVD
NOKOMIS, FL 34275 US

FEI Number: 59-2394727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIZZONIA, LINDA J
8000 WEST HIGHWAY 326
OCALA, FL 34482 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: PD () Delete
Name: DOLAN, WILLIAM,
Address: 1691 GEORGETOWN BLVD
City-St-Zip: SARASOTA, FL

Title: VD () Delete
Name: PIZZONIA, FRANK JR.
Address: 8000 WEST HIGHWAY 326
City-St-Zip: OCALA, FL 344821154

Title: TD () Delete
Name: PIZZONIA, LINDA J
Address: 8000 WEST HIGHWAY 326
City-St-Zip: OCALA, FL 344821152

Title: SD () Delete
Name: ENDRISS, ELLIE
Address: 129 PIERSON LN
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIZZONIA, FRANK,
Address: 8000 W. HWY. 326
City-St-Zip: OCALA, FL 34482

Title: VD (X) Change () Addition
Name: DOLAN, WILLIAM J
Address: 2290 MISSION VALLEY BLVD
City-St-Zip: NOKOMIS, FL 34275

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

Title: SD (X) Change () Addition
Name: GARDNER, JEANETTE
Address: 2290 MISSION VALLEY BLVD
City-St-Zip: NOKOMIS, FL 34275

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: LINDA PIZZONIA

TD

05/01/2008

Electronic Signature of Signing Officer or Director

Date