


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90015 037 \*\*\*\*61.25

<b>DOCUMENT # 714910</b> 1. Entity Name <b>ST. REGIS ASSOCIATION OF SARASOTA, INC.</b>					
Principal Place of Business <b>301 S. GULFSTREAM</b> <b>SARASOTA, FL 34236 US</b>				Mailing Address <b>301 S GULFSTREAM</b> <b>SARASOTA, FL 34236 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1351787</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BLOMGREN, DAWN</b> <b>301 S GULFSTREAM AVE #301</b> <b>SARASOTA, FL 34236</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> <small>Trust Fund Contribution.</small>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLOMGREN, DAWN</b>		NAME		
STREET ADDRESS	<b>301 S. GULFSTREAM AVE. # 301</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SARASOTA, FL 34236</b>		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GIER, MARY</b>		NAME	<b>D</b>	
STREET ADDRESS	<b>66 PHILLIPS ST.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>BOSTON, MA 02114</b>		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REICH, RICHARD</b>		NAME		
STREET ADDRESS	<b>79 CIRCLE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SYOSSET, NY 11791</b>		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOPEZ, MARIA D</b>		NAME	<b>D</b>	
STREET ADDRESS	<b>1225 N. GULFSTREAM AVE. #403</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SARASOTA, FL 34236</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ICARD, CAMERON</b>		NAME	<b>VP</b>	
STREET ADDRESS	<b>301 S GULFSTREAM #204</b>		STREET ADDRESS	<b>464 Golden Gate Pt # 302</b>	
CITY - ST - ZIP	<b>SARASOTA, FL 34236</b>		CITY - ST - ZIP	<b>Sarasota, FL 34236</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>TD</b>	
STREET ADDRESS			STREET ADDRESS	<b>Martin Evans</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>301 S. Gulfstream Ave. # 103</b>	
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: <i>[Signature]</i> <b>DAWN L. Blongren</b>			Date: <b>2/28/07</b> 941 Daytime Phone #: <b>232-5108</b>		