2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# 722422

Entity Name: SARASOTA WINDS NORTH, INC

Current Principal Place of Business:

4000 NORTH TUTTLE AVE.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

4000 NORTH TUTTLE AVE.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-1911034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELCHORN, GARY
4215 EDAM ST
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

EICHORN, GARY
4215 EDAM ST
SARASOTA, FL 34234 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: GARY EICHORN 03/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOURNIVAL, PAMELA
Address: 3912 VOORNE ST
City-St-Zip: SARASOTA, FL 34234

Title: SD ( ) Delete
Name: EWING, COLIN
Address: 3815 EDAM ST
City-St-Zip: SARASOTA, FL 34234

Title: VD ( ) Delete
Name: BRAUND, MARY-MARGARGET
Address: 3500 EDAM ST
City-St-Zip: SARASOTA, FL 34234

Title: VD ( ) Delete
Name: MCBRIDE, BOB H
Address: 2860 HAGUE AVE
City-St-Zip: SARASOTA, FL 34234

Title: TD ( ) Delete
Name: EICHORN, GARY
Address: 4215 EDAM STREET
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GARY EICHORN TREA 03/03/2009
Electronic Signature of Signing Officer or Director Date