

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722422

FILED  
Feb 06, 2010  
Secretary of State

**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:**

4215 EDAM ST.  
SARASOTA, FL 34234

**FEI Number:** 59-1911034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EICHORN, GARY  
4215 EDAM ST  
SARASOTA, FL 34234 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  
Name: MITCHELL, GEORGE  
Address: 3924 VOORNE  
City-St-Zip: SARASOTA, FL 34234

Title: SD  
Name: PRINZ, BARBARA  
Address: 3913 RHINE  
City-St-Zip: SARASOTA, FL 34234

Title: VD  
Name: BUNGER, MARY  
Address: 3730 RHINE  
City-St-Zip: SARASOTA, FL 34234

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** GARY EICHORN

TRES

02/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date