

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 028 ****61.25

DOCUMENT # 728919

1. Entity Name
EMBASSY HOUSE ASSOCIATION, INC.



Principal Place of Business
**770 SOUTH PALM AVE
SARASOTA, FL 34236 US**

Mailing Address
**595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 US**

40041400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1666991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BETH CALLANS MANAGEMENT CORP
595 BAY ISLES RD
SUITE 200
LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROESSLER, LEONARD**
STREET ADDRESS **770 S. PALM AVE. #903**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **SD** ☐ Delete
NAME **SLUSSER, JACK F**
STREET ADDRESS **770 S. PALM AVE. 1502**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VD** ☐ Delete
NAME **LUCAS, ALLISON**
STREET ADDRESS **770 SO PALM 704**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **PD** ☐ Delete
NAME **MARTIN, ADAM**
STREET ADDRESS **770 S. PALM AVE #301**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **D** ☒ Delete
NAME **STOUT, ROBERT**
STREET ADDRESS **770 S PALM AVE., #701**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **T** ☒ Delete
NAME **LORICCO, CAROL**
STREET ADDRESS **770 S. PALM AVE., #1203**
CITY-ST-ZIP **SARASOTA, FL 34236**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition
NAME **Slusser, Jack F.**
STREET ADDRESS **770 S. Palm Ave, 1502**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Magel, Robert H.**
STREET ADDRESS **770 S. Palm Ave, 1701**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jack F. Slusser, Inc. **JACK F. SLUSSER** 3/15/08 941-955-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #