


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 050 ****61.25

DOCUMENT # 729097 1. Entity Name SARA-SEA OWNERS ASSOCIATION, INC.					
Principal Place of Business SARA SEA CONDOMINIUM #2 SARASOTA, FL 34242			Mailing Address 6708 SARA SEA CIRLCE SARASOTA, FL 34242 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1718819	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONNEY, JUNE 6708 SARASEA CIRCLE #2 SARASOTA, FL 34242				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTO, DOM		NAME		
STREET ADDRESS	6708 SARA SEA CRICLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000,		CITY-ST-ZIP		
TITLE	DVT <input type="checkbox"/> Delete		TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONNEY, JUNE		NAME		
STREET ADDRESS	6708 SARA SEA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	DVST <input type="checkbox"/> Delete		TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKENS, PAUL		NAME		
STREET ADDRESS	6706 SARA SEA CIR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEYLAND, ROBERT		NAME		
STREET ADDRESS	6706 SARAS		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREIDER, DAVID		NAME	WARD KEENEY	
STREET ADDRESS	24220 ONEIDA		STREET ADDRESS	3012 BRACKENBERRY DR.	
CITY-ST-ZIP	OAK PARK, MI 48237		CITY-ST-ZIP	ANDERSON, S.C. 29621	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>June Bonney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-12-06</u> Daytime Phone # <u>941-349-3020</u>		