

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90048 037 ****61.25

DOCUMENT # 730684

1. Entity Name
WASHINGTON SQUARE OWNERS ASSOCIATION, INC.



Principal Place of Business
**46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236-5928 US**

Mailing Address
**46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236-5928 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1583666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIVINGSTON, CHARLES H
46 N. WASHINGTON BLVD. #1
SARASOTA, FL 34236**

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, 2005**

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 PD ☐ Delete
NAME LIVINGSTON, CHARLES H
STREET ADDRESS 46 N. WASHINGTON STE. 1
CITY-ST-ZIP SARASOTA, FL 34236

TITLE SD ☒ Delete
NAME JACKSON, ROBERT
STREET ADDRESS 46 N. WASHINGTON STE. 21
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD ☐ Delete
NAME VANNESS, SCOTT
STREET ADDRESS 46 N WASHINGTON BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD ☐ Delete
NAME KEANE, GERALD
STREET ADDRESS 46 N. WASHINGTON, STE 1
CITY-ST-ZIP SARASOTA, FL 34236

TITLE TD ☐ Delete
NAME STRICKLAND, JOHN
STREET ADDRESS 46 N. WASHINGTON BLVD., #1
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME Dr
STREET ADDRESS Klepetko, Lawrence
CITY-ST-ZIP 46 North Washington Ste. 15
Sarasota, FL 34236

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John M. Strickland 4/5/05 941-365-0550