

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735907

FILED
Feb 21, 2006
Secretary of State

Entity Name: ASSOCIATION OF SARASOTA BY THE SEA, FIRST ADDITION, INC.

Current Principal Place of Business:

1030 SEASIDE DR.
1030 SEASIDE DR.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 40127
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 59-2532595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUNNINGHAM, SHARON F
1030 SEASIDE DR.
SARASOTA, FL 34242 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: SD () Delete
Name: BECKMANN, JOSHUA
Address: 1030 SEASIDE DR.
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: ATILANO, CAROL
Address: 304 AVENIDA LEONA
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: ROTERT, RAYMOND,
Address: 1030 SEASIDE DR.
City-St-Zip: SARASOTA, FL 34242

Title: PD () Delete
Name: GROVES, JIM
Address: 1030 SEASIDE DR.
City-St-Zip: SARASOTA, FL 34242

Title: STD () Delete
Name: CUNNINGHAM, SHARON,
Address: 1030 SEASIDE DR
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: SMITH, DEBBIE
Address: P.O. BOX 18205
City-St-Zip: SARASOTA, FL 34276

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:

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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 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: SHARON CUNNINGHAM

STD

02/21/2006

Electronic Signature of Signing Officer or Director

Date