

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 738126**

1. Entity Name  
**THE PLACE 450, A CONDOMINIUM, INC.**



Principal Place of Business  
**450 BEACH RD #1  
SARASOTA, FL 34242**

Mailing Address  
**450 BEACH RD #1  
SARASOTA, FL 34242**



02082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1871560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**HYMAN, ROSALIND S  
450 BEACH ROAD, UNIT 1  
SARASOTA, FL 34242**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, WALTER 450 BEACH RD UNIT 3 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHAMBERLAIN, SUSAN 450 BEACH ROAD #5 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HYMAN, ROSALIND 450 BEACH ROAD #1 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIOE, LINDA 450 BEACH RD #4 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000514662  
04/29/06-80178-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rosalind S. Hyman* **ROSALIND S. HYMAN** 4/17/06 941.349-2202227