

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 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



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1871560

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
WAGNER, WALTER  
450 BEACH RD UNIT 3  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DS  
CHAMBERLAIN, SUSAN  
450 BEACH ROAD #5  
SARASOTA, FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TD  
HYMAN, ROSALIND  
450 BEACH ROAD #1  
SARASOTA, FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
LAVIOE, LINDA  
450 BEACH RD #4  
SARASOTA, FL 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U00000687069  
04/10/07-80025-018 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

ROSALIND S. HYMAN

Date

Daytime Phone #

4/2/07 941-349-2220 x222