

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739316

1. Entity Name
SARASOTA OUTRIGGER CONDOMINIUM, INC.



Principal Place of Business
5155 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Mailing Address
725 NORTON ST
LONGBOAT KEY, FL 34228

05 SEP 14 AM 7:03



2. Principal Place of Business

3. Mailing Address

5390 GULF OF MEXICO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 102

07222005

Chg-NP

CR2E037 (10/03)

05

City & State

City & State

LONGBOAT KEY FL

4. FEI Number

59-1925293

Applied For

Not Applicable

Zip

Country

Zip

34228

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRISH, BOB CPA
725 NORTON ST
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5390 GULF OF MEXICO DR, STE 102

City

LONGBOAT KEY

FL

Zip Code

34228

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

ADDRESS CHANGE ONLY

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 September 7, 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 ALEXANDER, TERRY
STREET ADDRESS 28 LAKE FORREST COURT-S
CITY-ST-ZIP ST CHARLES, MO 63301

TITLE TD ☒ Delete
NAME STARR, LARRY
STREET ADDRESS 4030 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VD ☐ Delete
NAME BASS, SHELTON
STREET ADDRESS 1655 BLUE HERON LN
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500059783045
CITY-ST-ZIP 09/20/05--01046--019 **61.25

TITLE TREASURER ☐ Change ☒ Addition
NAME BOB PARRISH, CPA
STREET ADDRESS 5390 GULF OF MEXICO DR, STE 102
CITY-ST-ZIP LONGBOAT KEY, FL 34228

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

TITLE SECRETARY ☐ Change ☒ Addition
NAME ROBERTA PUZZO
STREET ADDRESS 3651 BAYOU CIR
CITY-ST-ZIP LONGBOAT KEY, FL 34228

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

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

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: Bob Parrish CPA BOB PARRISH CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/05 941-387-0624

Date: 8/31/05 Time: 1:52 PM