2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

D.O.O. I. M. E. I. T. C.O.O. 4.0	ANNUAL REPORT					
DOCUMENT # 739316 1. Entity Name		626				
1. Entity Name SARASOTA OUTRIGGER CONDOMINIUM, INC.				•		
Division ID and Division	Madina Adama	4		05 SEP 15	Mi 7: 03	
Principal Place of Business 5155 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	Mailing Address 725 NORTON ST LONGBOAT KEY, FL 34	4228	F188771 IMMM	MIN INST HALLING	A COURT	
2. Principal Place of Business	3. Mailing Address 5390 GULF	or Mexic	${\mathcal{D}_{o}}$			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1 100, 0	07222005	Chg-NP	CR2E037 (10/03)	05
City & State	City & State	KIEY FL	4. FEI Numbe 59-192		 	pplied For
Zip Country	3 4 2 2 8	Country USA	5. Certificate	of Status Desired	\$8.75 Add	fitional
6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent	
PARRISH, BOB CPA 725 NORTON ST LONGBOAT KEY, FL 34228		Street A	dress (P.O. Box Number	m EX, co.	De, STE 10	12
		City	GBOAT KE	<u> </u>	FL Zo Cod	<i>28</i>
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its	registered office or	egistered agent, or bot	h, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE	and title if applicable. (NOT	IDD RESS E: Registered Agent signati	CNANGE e required when reinstating)	K4110	DATE	
Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Car	npaign Financing	s required when reinstating)	e Ma	ake check payable to	
Signature, typed or printed name of registered agent	9. Election Car Trust Fund (\$5.00 May B Added to Fees	e Ma Florid	ake check payable to da Department of St	ate
Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by September 7, 2005	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 May B Added to Fees	e Ma Florid	ake check payable to	ate
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Filing Fee is \$61.25 Due by September 7, 2005 10. OFFICERS AND DIF TITLE PD NAME ALEXANDER, TERRY STREET ADDRESS CITY-ST-ZIP ST CHARLES, MO 63301 TITLE TD	9. Election Car Trust Fund C	mpaign Financing Contribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May B Added to Fees ADDITIONS/CH. 50/20/	e Ma Floric ANGES TO OFFICER 005-010461	ake check payable to da Department of St as AND DIRECTORS IN Change	ate
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2. The Buy Certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: BOL PANIL UPL BOB PARRISH CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR