

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739316

FILED
Apr 30, 2009
Secretary of State

Entity Name: SARASOTA OUTRIGGER CONDOMINIUM, INC.

Current Principal Place of Business:

5155 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

4134 GULF OF MEXICO DRIVE
SUITE 211
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1925293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, BOB CPA
4134 GULF OF MEXICO DRIVE
SUITE 211
LONGBOAT KEY, FL 34228 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: PD () Delete
Name: ALEXANDER, TERRY
Address: 28 LAKE FORREST COURT-S
City-St-Zip: ST CHARLES, MO 63301

Title: T () Delete
Name: PARRISH, BOB CPA
Address: 4134 GULF OF MEXICO DR STE 211
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD () Delete
Name: BASS, SHELTON
Address: 1655 BLUE HERON LN
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: DURZO, ROBERTA
Address: 3651 BAYOU CIRCLE
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BASS, SHELTON
Address: 1655 BLUE HERON LN
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BOB PARRISH

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date