

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739316

**FILED**  
**Apr 29, 2010**  
**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  
Name: ALEXANDER, TERRY  
Address: 28 LAKE FORREST COURT-S  
City-St-Zip: ST CHARLES, MO 63301

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

Title: VP  
Name: BASS, SHELTON  
Address: 1655 BLUE HERON LN  
City-St-Zip: LAKELAND, FL 33813

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

I hereby 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 all other like empowered.

SIGNATURE: BOB PARRISH

TREA

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date