


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90094 036 \*\*\*\*61.25

<b>DOCUMENT # 740493</b>		
1. Entity Name SARASOTA SPRINGS COMMUNITY ASSOCIATION, INC		

Principal Place of Business 4571 BEACON DRIVE SARASOTA, FL 34232 US	Mailing Address PO BOX 25213 SARASOTA, FL 34277 US
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2. Principal Place of Business - No P.O. Box # <b>3248 CAMBRIDGE DRIVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SARASOTA, FL</b>	City & State
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Zip <b>34232-4908</b>	Country <b>USA</b>	Zip <b>34277-2213</b>	Country
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40000000

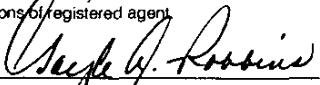


04042007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1900649</b>	Applied For <input type="checkbox"/> Not Applicable
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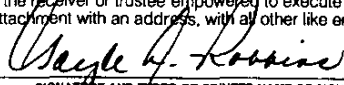
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, CAROLYN 4571 BEACON DRIVE SARASOTA SARASOTA, FL 34232		Name <b>GAYLE A. ROBBINS</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>3248 CAMBRIDGE DRIVE</b>	
		City <b>SARASOTA</b> FL Zip Code <b>34232-4908</b>	

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 	<b>GAYLE A. ROBBINS, PRES.</b>	<b>4/03/07</b>
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILAR, CAROLYN 3723 ALDEN WAY SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBBINS, GAYLE 3248 CAMBRIDGE DRIVE SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTLIFF, EIZABETH 2954 AVERY AVE SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete GOLDMAN, JUDY 3434 FENWAY SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DINO MASOTTI 2039 UPTON AVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DUCHARME, NORMANDIE 2960 AVERY SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PILAR, THOMAS 3723 ALDEN WAY SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	<b>GAYLE A. ROBBINS, PRES.</b>	<b>4/03/07</b>	<b>941-371-6631</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			