

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746946

FILED
Jan 04, 2011
Secretary of State

Entity Name: SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5098 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

5098 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 59-1964013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARPE, PHILIP J MGR
5098 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234 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: VP
Name: TAYLOR, JAMES R
Address: 4963 VILLAGE GARDENS DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: D
Name: HOCHSTEDLER, CLIFFORD
Address: 4957 VILLIAGE GARDENS DR
City-St-Zip: SARASOTA, FL 34234

Title: P
Name: POPIELARSKI, KATHI A
Address: 4873 VILLIAGE GARDENS DR
City-St-Zip: SARASOTA, FL 34234

Title: T
Name: WILLIAMS, ELISE
Address: 4773 VILLAGE GARDENS DR
City-St-Zip: SARASOTA, FL 34234

Title: S
Name: CADE, LORELIE
Address: 4817VILLAGE GARDENS DR
City-St-Zip: SARASOTA, FL 34234

Title: AS
Name: HAMMERLING, WALTER
Address: 2677 STICKNEY POINT ROAD, SUITE 118A
City-St-Zip: SARASOTA, FL 34231

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: KATHLEEN A. POPIELARSKI

P

01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date