## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 22, 2006 8:00 am

DOCUMENT # 764035  1. Entity Name SARASOTA CONVENTION AND VISTORS BUREAU, INC.  Principal Place of Business 655 N TAMIAMI TRAIL SARASOTA, FL 34236  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.					02-22-2006 90007 008 ****61.25  01232006 Chg-NP CR2E037 (11/05)  4. FEI Number   Applied For			25
City & State City  Zip Country Zip		City & State	Country		59-2189		\$8.75 Add	t Applicable
	6. Name and Address of Current	Registered Agent		<del></del>	7 Name and A	ddress of New	Fee Require	<u> </u>
SCOVILL, H. WILLIAM? 1605 MAIN STREET #912 SARASOTA, FL. 34236				7. Name and Address of New Registered Agent  Name Mitchell O. Palmer  Street Address (P.O. Box Number is Not Acceptable)  200 South Orange Aue  City Salasota FL Zip Code 3 h				
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  Signature, typed or printed name of registered agent and title if applicable.  Which is the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida agent the obligations of registered agent and accept the obligations of regis								
10.	OFFICERS AND DII	RECTORS	11.		ADDITIONS/CHAN	IGES TO OFFIC	ERS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, DAVID 597 S. TAMIAMI TRAIL VENICE, FL 34285	☐ Delete	TITL NAM STRE	EET ADDRESS 713	a19 HOI+		mi Trail 34234	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMANEMON, JAMES 1111 RITZ-CARLTON DRIVE SARASOTA, FL 34236	□ Delete		E P P P P P P P P P P P P P P P P P P P	McMane 11 Ritz		Ames 34236	☐ Addition
TITLE " NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, SHARON 1030 SEA SIDE DRIVE SARASOTA, FL 34242	☐ Delete			onnayar Sorasa	n Sha a side ta Fl	**************************************	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D GHARAVI, MOHAMMAD 1000 BLVD OF THE ARTS SARASOTA, FL 34236	□ Delete		EET ADORESS 10	P 6 har av 00 Blvd argsoto	1 04 T	AMMA A NC Arts - 34236	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCOLO, FRED 6000 AIRPORT CIRCLE SARASOTA, FL 34243	☐ Delete					□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RILEY, JAY 1924 S. OSPREY AVENUE SARASOTA, FL 34239	☐ Delete			Ziley, J Ziley, J Zy S.OS Saraso	50ペリ (	900 34239	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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:

SIGNATURE:

770-652-3786 1-24-06