2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N01000003942

Entity Name: SARASOTA AREA DIRT RIDERS ASSOCIATION, INC.

Current Principal Place of Business:

1254 NW BROWNVILLE STREET
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1254 NW BROWNVILLE STREET
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 65-1126286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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:	FAUL, RANDY	
Address:	1254 NW BROWNVILLE ST.	
City-St-Zip:	ARCADIA, FL 34266	
Title:	VD	( ) Delete
Name:	ROWLAND, JAMES	
Address:	2646 PARASOL LN.	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	SD	( ) Delete
Name:	RALSTON, MARIE	
Address:	4984 CREEKSIDE TRAIL	
City-St-Zip:	SARASOTA, FL 34243	
Title:	TD	( ) Delete
Name:	FAUL, TERESA	
Address:	1254 NW BROWNVILLE ST	
City-St-Zip:	ARCADIA, FL 34266	
Title:	D	( ) Delete
Name:	DRYMON, WILLIAM	
Address:	3150 47TH STREET	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	RORSTORM, GARY	
Address:	816 BACON AVE	
City-St-Zip:	SARASOTA, FL 34232	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TERESA FAUL TD 01/17/2008

Electronic Signature of Signing Officer or Director — Date