

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003942

FILED
Feb 14, 2009
Secretary of State

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
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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

02/14/2009

Electronic Signature of Signing Officer or Director

Date