

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90065 001 ****61.25

DOCUMENT # N02000003076

1. Entity Name
SARASOTA ARCHITECTURAL FOUNDATION, INC.



Principal Place of Business
**3400 S. TAMIAMI TRAIL
SARASOTA, FL 34239**

Mailing Address
**3400 S. TAMIAMI TRAIL
SARASOTA, FL 34239**

2. Principal Place of Business
Dunlap & Moran, P.A.

3. Mailing Address
Dunlap & Moran, P.A.

Suite, Apt. #, etc.
1990 Main Street, Ste. 700

Suite, Apt. #, etc.
PO Box 3948

04012005 Chg-NP CR2E037 (10/03)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
04-3699738

Applied For
☐ Not Applicable

Zip
34236

Country
Sarasota

Zip
34230

Country
Sarasota

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUZIER, THOMAS B ESQ.
3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name
Thomas B. Luzier, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Dunlap & Moran, P.A.

1990 Main Street, Suite 700

City
Sarasota

FL

Zip Code
34236

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.

Thomas B. Luzier

4/1/05

SIGNATURE

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ABBOTT, CARL
2846 RIVERSIDE DRIVE S
SARASOTA, FL 34234** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWEENEY, JANE
7409 SANDERLING ROAD
SARASOTA, FL 34242** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,T
BOWEN, ANASTASIA
1753 NORTH DRIVE
SARASOTA, FL 34239** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,C
LUZIER, THOMAS B ESQ.
1130 POMELO AVENUE
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,C
LIEBERMAN, MARTIE
400 BOWDOIN CIRCLE
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,S
KOPECK, CAROL
350 GOLDEN GATE POINT #61
SARASOTA, FL 34236** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.T.
Monique T. Joannette
1950 Alta Vista Street
Sarasota, FL 34236** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**101 Garden Lane
Sarasota, FL 34236** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Luzier

Date

Daytime Phone #

4/1/05 946.366.0115