

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003521**

1. Entity Name  
**SARASOTA COUNTRY CLUB ESTATES HOA, INC.**



Principal Place of Business  
**2147-G PORTER LAKE DR  
SARASOTA, FL 34240**

Mailing Address  
**2147-G PORTER LAKE DR  
SARASOTA, FL 34240**



04222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SPRINGER, BILLY B  
2147-G PORTER LAKE DR  
SARASOTA, FL 34240**

**DO NOT WRITE  
IN THIS SPACE**

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

(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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SPRINGER, BILLY B
STREET ADDRESS	2147-G PORTER LAKE DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VD
NAME	BETTS, CHARLES
STREET ADDRESS	2147-G PORTER LAKE DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	STD
NAME	FAUSTER, BERNADETTE
STREET ADDRESS	2147-G PORTER LAKE DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80109-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

**Billy B Springer, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/05**

**941/371-6327**

Date

Daytime Phone #