

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                    |                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N02000003521</b><br>1. Entity Name<br><b>SARASOTA COUNTRY CLUB ESTATES HOA, INC.</b> |  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>2147-G PORTER LAKE DR<br/>SARASOTA, FL 34240</b> | Mailing Address<br><b>2147-G PORTER LAKE DR<br/>SARASOTA, FL 34240</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

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02162006 No Chg-NP CR2E037 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required               |

|                                                                                                                                  |                                       |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>SPRINGER, BILLY B<br/>2147-G PORTER LAKE DR<br/>SARASOTA, FL 34240</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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.

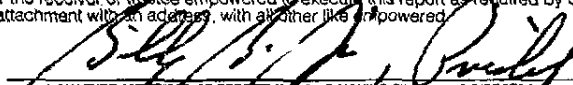
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

|                                                     |                                                                                                                           |                                           |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 1100000447800<br>03/08/06-80072-014 61.25 |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

|                                                |                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>              |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SPRINGER, BILLY B<br>2147-G PORTER LAKE DR<br>SARASOTA, FL 34240    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BETTS, CHARLES<br>2147-G PORTER LAKE DR<br>SARASOTA, FL 34240       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>FAUSTER, BERNADETTE<br>2147-G PORTER LAKE DR<br>SARASOTA, FL 34240 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **2/24/06 941/371-6327**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #