

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004480

FILED
Jan 12, 2005
Secretary of State

Entity Name: TSIC OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

2750 BAHIA VISTA STREET
121
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 48186
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 33-1012774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENT, JOHN C JR. ESQ
330 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: D () Delete
Name: CORBRIDGE, C. KELLEY
Address: 720 S ORANGE AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: HOUGH, KAREN
Address: 200 NOKOMIS AVENUE SOUTH
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: GALLAGHER, PATRICK L
Address: 1801 GLENGARY STREET
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: SCHWARTZ, DANIEL M
Address: TWO NORTH TAMiami TRAIL, 11TH FLOOR
City-St-Zip: SARASOTA, FL 34236

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL M. SCHWARTZ

D

01/12/2005

Electronic Signature of Signing Officer or Director

Date