


**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 MAR 26 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|--|--|--|-----------------|
| DOCUMENT # N02042 | | | |  | |
| 1. Entity Name STICKNEY POINT OFFICE CENTER CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA, FL 34231 | | | Mailing Address 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA, FL 34231 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03132007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2420256 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DESJARLAIS, MARY LYNN 2750 STICKNEY POINT ROAD, SUITE 201 SARASOTA, FL 34231 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P <input checked="" type="checkbox"/> Delete | TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | PROFANT, RAYMOND L | NAME | Kleiber, Jon | | |
| STREET ADDRESS | 2750 STICKNEY POINT ROAD, SUITE 109 | STREET ADDRESS | 2750 Stickney Point Road, Suite 209 | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | CITY-ST-ZIP | Sarasota, FL 34231 | | |
| TITLE | TPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DESJARLAIS, MARY LYNN | NAME | 700096013537 | | |
| STREET ADDRESS | 2750 STICKNEY POINT ROAD, STE 201 | STREET ADDRESS | 04/06/07--01052--011 **70.00 | | |
| CITY-ST-ZIP | SARASOTA, FL | CITY-ST-ZIP | | | |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | JARDNO, DIANE M | NAME | Kazwell, M. Catherine | | |
| STREET ADDRESS | 2750 STICKNEY POINT ROAD, SUITE 206 | STREET ADDRESS | 2750 Stickney Point Road, Suite 101 | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | CITY-ST-ZIP | Sarasota, FL 34231 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <u>Mary Lynn Desjarlais</u> K. Eckel MAR 29 2007 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |
| | | | 3/13/07 | | (941) 923-3388 |