



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90292 016 ****61.25

DOCUMENT # N02545 1. Entity Name CENTER MANAGEMENT COMPANY OF SARASOTA, INC.					
Principal Place of Business 22 SARASOTA CENTER BLVD SARASOTA, FL 34240-9770 US				Mailing Address 22 SARASOTA CENTER BLVD SARASOTA, FL 34240-9770 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6751 PROFESSIONAL PARKWAY WEST Suite, Apt. #, etc. SUITE 107			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 59-2702879	
Zip 34240		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEST, DANA 22 SARASOTA CENTER BLVD SARASOTA, FL 34240				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D VAN OSTENBRIDGE, RON 300 SARASOTA CENTER BV SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL LEPORE 31 SARASOTA CENTER BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPUTO, SAL S 263 FIELD END RD SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTHONY GAMELIN 6751 PROFESSIONAL PARKWAY WEST, SUITE 107 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAAR, RICK 233 SARASOTA CENTER BLVD SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, DANA 22 SARASOTA CENTER BV SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLOCK, PAUL C 128 SARASOTA CTR BLVD SARASOTA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK ADLER 78 SARASOTA CENTER BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDINER, STEPHANE 10 SARASOTA CTR BLVD SARASOTA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID GREENFIELD 380 INTERSTATE COURT, SUITE 206 SARASOTA, FL 34240
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: <u>Anthony Gamelin</u> ANTHONY GAMELIN <u>3/29/05</u> <u>(941)223-8011</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					