

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02545

FILED
Mar 23, 2007
Secretary of State

Entity Name: CENTER MANAGEMENT COMPANY OF SARASOTA, INC.

Current Principal Place of Business:

22 SARASOTA CENTER BLVD
SARASOTA, FL 342409770 US

New Principal Place of Business:

Current Mailing Address:

6761 PROFESSIONAL PARKWAY WEST
SUITE 107
SARASOTA, FL 34240 US

New Mailing Address:

6751 PROFESSIONAL PARKWAY WEST
SUITE 107
SARASOTA, FL 34240 US

FEI Number: 59-2702879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, DANA
22 SARASOTA CENTER BLVD
SARASOTA, FL 34240 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: GRAY, BRIAN
Address: 300 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: PD () Delete
Name: LEPORE, MICHAEL
Address: 31 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: BAAR, RICK
Address: 233 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: WEST, DANA
Address: 22 SARASOTA CENTER BV
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: ADLER, MARK
Address: 78 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: GAMELIN, TONY
Address: 6751 PROFESSIONAL PKWY W, SUITE 107
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POIRIER, PHIL
Address: 300 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WEST, DANA
Address: 22 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

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 Chapter 119, 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: TONY GAMELIN

TD

03/23/2007

Electronic Signature of Signing Officer or Director

Date