

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 003 ****61.25

DOCUMENT # N03000000556

1. Entity Name

**MAIN STREET MERCHANTS ASSOCIATION OF
SARASOTA, INC.**



Principal Place of Business

**1501 MAIN STREET
SARASOTA FL 34236**

Mailing Address

**P.O. BOX 11011
SARASOTA FL 34278
US**

50021648



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3734674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RITZ, ERNIE
1492 FIRST STREET
SARASOTA FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FEHILY, JACK**
STREET ADDRESS **1442 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ Delete
NAME **SOTO, RON**
STREET ADDRESS **1383 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **PTD** ☐ Delete
NAME **RITZ, ERNIE**
STREET ADDRESS **1492 FIRST STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **SV** ☒ Delete
NAME **PONELEST, VALERIE**
STREET ADDRESS **1776 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Sec.** ☐ Change ☒ Addition
NAME **Catherine Blasko**
STREET ADDRESS **1 S. School Ave, Ste 1000**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **CRAIGER SCHEUER**
STREET ADDRESS **PO Box 21652**
CITY-ST-ZIP **SARASOTA, FL 34276**

TITLE **T.** ☐ Change ☐ Addition
NAME **ERNIE RITZ**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T.** ☐ Change ☒ Addition
NAME **ROD MARTIN**
STREET ADDRESS **P.O. BOX 18273**
CITY-ST-ZIP **SARASOTA, FL 34276**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

941-365-1966

Date

Daytime Phone #