## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001555

FILED Apr 19, 2006 Secretary of State

Entity Name: SCHOOL IN THE PARK PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1700 SEMINOLE DRIVE SARASOTA, FL 34239 LIS **Current Mailing Address: New Mailing Address:** 1700 SEMINOLE DRIVE SARASOTA, FL 34239 US FEI Number: 65-1182455 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARODO, TAYA WITTMANN, LISA 1700 SEMINOLE DRIVE 1700 SEMINOLE DRIVE SARASOTA, FL 34239 US SARASOTA, FL 34239 US 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: LISA WITTMANN 04/19/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PARODO, ANTHONY STEELE, JEAN-MARIE Name: Name: 2708 61ST STREET Address: 8130 COATES ROW PLACE Address: City-St-Zip: SARASOTA FL 34243 City-St-Zip: UNIVERSITY PARK, FL 34201 Title: VD () Delete Title: (X) Change ( ) Addition NATARAJAN, DEANNA Name: NATARAJAN, DEANNA Name: Address: 1700 SEMINOLE DRIVE Address: 1700 SEMINOLE DRIVE City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: **VPD** (X) Change ( ) Addition PARODO, TAYA MCMEARTY, ANNE Name: Name: 4532 SHADOWLEAF DR Address: 2708 61ST STREET Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34233 Title: () Delete Title: TD ( ) Change (X) Addition WITTMANN, LISA Name: Name: 4900 WINTERHAVEN DR Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34233 Title: () Delete Title: ( ) Change (X) Addition WITTMANN, MARK Name: Name: 4900 WINTERHAVEN DR Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34233

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LISA WITTMANN TD 04/19/2006

() Delete

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

RIDENOUR, BETSY

539 BEACH RD SARASOTA, FL 34242