


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008117**

1. Entity Name  
**63 SARASOTA CENTER BLVD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**63 SARASOTA CENTER BLVD**      **31 SARASOTA CENTER BLVD**  
**SARASOTA, FL 34240**      **SARASOTA, FL 34240**

**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**57-1186982**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SABA, RICHARD D**  
**2033 MAIN STREET STE 303**  
**SARASOTA, FL 34237**

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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEPORE, MICHAEL R
STREET ADDRESS	31 SARASOTA CENTER BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	DS
NAME	BANKEMPER, EDWARD L
STREET ADDRESS	31 SARASOTA CENTER BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	DV
NAME	BANKEMPER, MARIA L
STREET ADDRESS	31 SARASOTA CENTER BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000312083  
 04/20/05-80046-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

**SIGNATURE:** \_\_\_\_\_ **4.15.05** **941.379.8797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #