

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90231 035 ****70.00

DOCUMENT # N04000004384					
1. Entity Name PARTNERS TO PRESERVE SARASOTA GOLF CLUB, INC.					
Principal Place of Business 2027 LEEWYNN DR SARASOTA, FL 34240			Mailing Address 2027 LEEWYNN DR SARASOTA, FL 34240		
2. Principal Place of Business 2027 W. LEEWYNN DR.		3. Mailing Address 2027 W. LEEWYNN DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL.		City & State SARASOTA, FL.		4. FEI Number 27-0088962	
Zip 34240		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEA, GARY W 2070 RINGLING BLVD SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name: <u>STEPHEN H. KURVIN</u> Street Address (P.O. Box Number is Not Acceptable): <u>7 SOUTH LIME AVENUE</u> City: <u>SARASOTA</u> <u>FL</u> Zip Code: <u>34237</u>			
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: <u>[Signature]</u> 2/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 D NAME BEST, CORY A STREET ADDRESS 2027 LEEWYNN DR CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE P/T NAME BEST, Cory A STREET ADDRESS 2027 W. LEEWYNN DR. CITY-ST-ZIP SARASOTA, FL. 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PALERMO, RAMONA STREET ADDRESS 2027 LEEWYNN DR CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE V NAME PALERMO, RAMONA STREET ADDRESS 7112 W. LEEWYNN DR. CITY-ST-ZIP SARASOTA, FL. 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WHITLEY, JOANIE STREET ADDRESS 2027 LEEWYNN DR CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE S NAME WHITLEY, JOANIE STREET ADDRESS 7223 LEEWYNN S. LEEWYNN DR. CITY-ST-ZIP SARASOTA, FL. 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>[Signature]</u> <u>CORY A. BEST</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/12/05</u> (941) 371-1442 <small>Daytime Phone #</small>		