2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004384

1. Entity Name
PARTNERS TO PRESERVE SARASOTA GOLF CLUB, INC.

Principal Place of Business	Mailing Address
2027 W LEEWYNN DR SARASOTA, FL 34240	2027 W LEEWYNN DR SARASOTA, FL 34240

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03262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
27-0086962
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KURVIN, STEPHEN H
7 SOUTH LIME AVE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

000000483103
04/11/06-80104-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BEST, CORY A
STREET ADDRESS	2027 LEEWYNN DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	V
NAME	PALERMO, RAMONA
STREET ADDRESS	2027 LEEWYNN DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	S
NAME	WHITLEY, JOANIE
STREET ADDRESS	2027 LEEWYNN DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Cory A. Best 3/25/06 941-379-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #