

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 AM 9:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007353 1. Entity Name ASPINWALL ASSOCIATION OF SARASOTA, INC.					
Principal Place of Business 2670 DAVIS BLVD SARASOTA, FL 34237				Mailing Address 2670 DAVIS BLVD SARASOTA, FL 34237	
2. Principal Place of Business - No P.O. Box # 2417 Aspinwall St.		3. Mailing Address 2417 Aspinwall St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02022008 Chg-NP CR2E037 (12/06)	
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 59-2508438	
Zip 34237		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent NORRIS, SYLVIA G 1670 STICKNEY POINT ROAD SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTERA, ELAINE 2670 DAVIS BLVD SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Noemi Pappas, Noemi 2435 Aspinwall St. Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, PATRICIA 2417 ASPINWALL STREET SARASOTA, FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Brainer, Joan 117 S. Warbler Lane Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAPPAS, NOEMI 2435 ASPINWALL STREET SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500136103035 09/18/08--01043--010 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTERFIELD, TONJAH 3600 STARDUST PL SARASOTA, FL 34232	<input checked="" 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	<div style="text-align: center;"> 9/16 </div>	<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 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: Patricia H. Ward <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9-11-08 (941) 955-8512 <small>Date Daytime Phone #</small>		