

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007353

FILED
Mar 10, 2009
Secretary of State

Entity Name: ASPINWALL ASSOCIATION OF SARASOTA, INC.

Current Principal Place of Business:

2417 ASPINWALL ST
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2417 ASPINWALL ST
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-2508438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, SYLVIA G
1670 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTERA, ELAINE
Address: 2670 DAVIS BLVD
City-St-Zip: SARASOTA, FL 34237

Title: S () Delete
Name: WARD, PATRICIA
Address: 2417 ASPINWALL STREET
City-St-Zip: SARASOTA, FL 34237

Title: T () Delete
Name: PAPPAS, NOEMI
Address: 2435 ASPINWALL STREET
City-St-Zip: SARASOTA, FL 34237

Title: V () Delete
Name: BREINER, JOAN
Address: 117 S WARBLER LANE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PAT WARD

S

03/10/2009

Electronic Signature of Signing Officer or Director

Date