

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011509

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** 17TH STREET CIRCLE EAST CONDO ASSOCIATION, INC.

**Current Principal Place of Business:**

4737 OAK RUN DR.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

4737 OAK RUN DR.  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 59-3789621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETRAT, ALICE F  
4737 OAK RUN DR.  
SARASOTA, FL 34243 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: PS ( ) Delete  
Name: WINKLER, BILL  
Address: 6319 17TH ST. CIRCLE EAST  
City-St-Zip: SARASOTA, FL 34243

Title: VT ( ) Delete  
Name: PETRAT, ALICE F  
Address: 4737 OAK RUN DR.  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ALICE F. PETRAT

VP

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date