2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002630

Apr 28, 2009 Secretary of State

Entity Name: THE SARASOTA/BRADENTON CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL

PROPERTY MANAGERS, INC.

Current Principal Place of Business: New Principal Place of Business:

2000 WEBBER STREET 70 SARASOTA CENTER BLVD.

SUITE 3113 SARASOTA, FL 34238 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

2000 WEBBER STREET 70 SARASOTA CENTER BLVD.

SUITE 3113 SARASOTA, FL 34238 SARASOTA, FL 34239

FEI Number: 57-1223548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HEIST, H ANTHONY 1661 ESTERO BLVD SUITE 20 FT MYERS BEACH, FL 33931 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 CORBRIDGE, R SCOTT
 Name:
 CORBRIDGE, R SCOTT

 Address:
 3234 S TAMIAMI TRAIL
 Address:
 70 SARASOTA CENTER BLVD

 City-St-Zip:
 SARASOTA, FL 34239
 SARASOTA, FL 34239

 Title:
 D
 () Delete
 Title:

 Name:
 DAVIS, CHANTAL
 Name:

 Address:
 5971 CATTLERIDGE BLVD #202
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 ROYAL, JULIE
 Name:

 Address:
 5402 MARINA DR
 Address:

 City-St-Zip:
 HOLMES BEACH, FL 34237
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MAYO, BARBARA
 Name:

 Address:
 4303 1ST E SUITE 300
 Address:

 City-St-Zip:
 BRADENTON, FL 34208
 City-St-Zip:

Name: SHELLER, GREGORY D Name: ZUPP, ELEANOR

Address: 2000 WEBBER STREET Address: 6021 MIDNIGHT PASS ROAD City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34242

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: R SCOTT CORBRIDGE D 04/28/2009