

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008684

FILED
Apr 25, 2007
Secretary of State

Entity Name: SARASOTA CAY CLUB COA, INC.

Current Principal Place of Business:

18167 US HIGHWAY 19 NORTH
SUITE 500
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

18167 US HIGHWAY 19 NORTH
SUITE 500
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-4296242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, W SCOTT
37 N ORANGE AVE SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BOWER, HOLLY A ESQ
12800 UNIVERSITY DRIVE
SUITE 260
FORT MYERS, FL 33907 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: HOLLY A BOWER ESQ

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARTZ, DAVID
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

Title: VD () Delete
Name: TAYLOR, DEREK
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

Title: STD () Delete
Name: SCHWARZ, GARY
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHWARZ, DAVID W
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500
City-St-Zip: CLEARWATER, FL 33764

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: DAVID W SCHWARZ

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date