
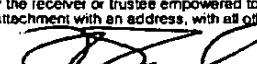


**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N05000009404</b>				<b>Secretary of State</b> 04-06-2006 90015 007 ****61.25	
<b>1. Entity Name</b> CITIZENS FOR SENSIBLE GROWTH IN SARASOTA COUNTY, INC.					
<b>Principal Place of Business</b> 1422 RANCHERO DR. SARASOTA, FL 34240		<b>Mailing Address</b> 1422 RANCHERO DR. SARASOTA, FL 34240			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	EEI Number <b>43-2089012</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
EARL, JUDITH 1422 RANCHERO DR. SARASOTA, FL 34240			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZOLLER, WILLIAM	NAME			
STREET ADDRESS	6375 MCKOWN RD.	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWORMSTEDT, GERRY	NAME			
STREET ADDRESS	1100 IMPERIAL DR.	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTHEWS, WADE	NAME			
STREET ADDRESS	5152 ADMIRAL PLACE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYNOLDS, GAYLE	NAME			
STREET ADDRESS	6047 ROGERS AVE.	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EARL, WILLIAM	NAME			
STREET ADDRESS	1422 RANCHERO DR.	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		WILLIAM H. EARL, President 4/3/06 941-371-454			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

ATTACHMENT

66011205

Citizens for Sensible Growth in Sarasota County, Inc.  
1422 Ranchero Drive  
Sarasota, Florida 34240

May 16, 2006

Florida Department of State  
Div of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

Re: Your reference N05000009404

Attached please find a copy of our previously sent annual report with previously missing federal ID number added. We have previously sent in annual fee.

Thank you for your attention to this matter.



William I Earl  
President