

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010222

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** SARASOTA COMMUNITY CRICKET CLUB INC.

**Current Principal Place of Business:**

P.O.BOX 19405  
SARASOTA, FL 34276

**New Principal Place of Business:**

234 NIPPINO TRAIL  
NOKOMIS, FL 34275

**Current Mailing Address:**

P.O.BOX 19405  
SARASOTA, FL 34276

**New Mailing Address:**

**FEI Number:** 20-3667883      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JANI, YOGI B  
5708 SWIFT 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: JANI, YOGI B  
Address: P.O.BOX 19405  
City-St-Zip: SARASOTA, FL 34276

Title: T ( ) Delete  
Name: RAMLOGAN, RAFFI  
Address: 5600 BENTGRASS DRIVE APT 302  
City-St-Zip: SARASOTA, FL 34235

Title: S ( ) Delete  
Name: JANI, DAWN  
Address: P.O.BOX 19405  
City-St-Zip: SARASOTA, FL 34276

**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:

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: YOGI JANI

P

09/05/2007

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

\_\_\_\_\_  
Date