
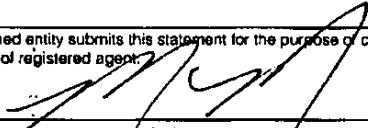
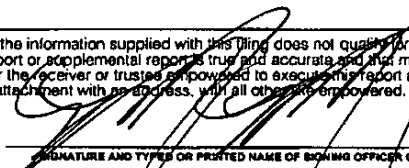


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90246 034 \*\*\*\*61.25

<b>DOCUMENT # N05000010925</b>			
1. Entity Name COURTHOUSE SQUARE OF SARASOTA, INC.			
Principal Place of Business 2201 RINGLING BLVD SUITE 202 SARASOTA, FL 34237		Mailing Address 2201 RINGLING BLVD SUITE 202 SARASOTA, FL 34237	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORAN, MICHAEL 2201 RINGLING BLVD SUITE 202 SARASOTA, FL 34237		Name Street Address (P.O. Box Number is Not Acceptable) <i>2197 Ringling Blvd</i> City <i>Sarasota</i> FL Zip Code <i>34237</i>	
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 		DATE <i>1/9/06</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, MICHAEL 2201 RINGLING BLVD SUITE 202 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Moran, Michael</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2197 Ringling Blvd</i> <i>Sarasota FL 34237</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, GREGG M 2201 RINGLING BLVD SUITE 202 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Horowitz, Gregg M</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2197 Ringling Blvd</i> <i>Sarasota FL 34237</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 persons empowered.			
SIGNATURE: 		DATE <i>1/9/06</i>	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

66002190



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number *20-3800481* Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



ATTACHMENT

66002190

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2006

COURTHOUSE SQUARE OF SARASOTA, INC.  
2201 RINGLING BLVD SUITE 202  
SARASOTA, FL 34237

Subject: **COURTHOUSE SQUARE OF SARASOTA, INC.**

Reference Number: **N05000010925**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

FEB -6 2006