

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 8:00 am
Secretary of State

02-22-2008 90013 036 ****61.25

DOCUMENT # N06000005047 1. Entity Name SAN MICHELE AT UNIVERSITY COMMONS RECREATION ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY POINT RD. SUITE 118A SARASOTA FL 34231			Mailing Address 2477 STICKNEY POINT RD. SUITE 118A SARASOTA FL 34231		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2637619 APPLIED FOR	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRIGSBY, CASEY 2477 STICKNEY POINT RD. SUITE 118A SARASOTA FL 34231				7. Name and Address of New Registered Agent 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 _____ Signature of registered agent or registered agent in charge. (NOTE: Registered Agent signature and word when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	P STACKHOUSE, ED 9240 ESTERO PARK COMMONS BLVD. ESTERO FL 33928	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCORMICK, RICHARD 9240 ESTERO PARK COMMONS BLVD. ESTERO FL 33928	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAY, LAURA 9240 ESTERO PARK COMMONS BLVD ESTERO FL 33928	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like exemptions.					
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2-5-08 Daytime Phone # 239-495-4829					