

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90191 015 ****70.00

DOCUMENT # N06211

1. Entity Name
SARASOTA PARK EAST HOME OWNERS, INC.



Principal Place of Business
**8333 S TAMAMI TRAIL
SARASOTA, FL 34238 US**

Mailing Address
**8333 S TAMAMI TRAIL
SARASOTA, FL 34238 US**

400000



02202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2528373

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, RITA F
2339 YORK DRIVE
SARASOTA, FL 34238**

Name **SUELLEN BARBER**

Street Address (P.O. Box Number is Not Acceptable)

8531 CARRIE LN.

City **SARASOTA**

FL

Zip Code **34238**

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 **SUELLEN BARBER**

Suellen Barber

4-10-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, RITA 2339 YORK DRIVE SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEBB, HOWARD 2333 FREMONT DR. SARASOTA, FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEUREN, RON 2117 LAKEVIEW DR. SARASOTA, FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIEFENDERFER, JIM 2373 FLENTWOOD DRIVE SARASOTA, FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROZE, ALICE 8415 CARRIE LANE SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, BOB 8451 MORGAN DRIVE SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRES. D'ERRICO, JOHN 8311 MORGAN DR. SARASOTA, FL. 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETKENBACH, ALAN 2227 YORK DR. SARASOTA, FL. 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUELLEN BARBER 8531 CARRIE LN. SARASOTA, FL. 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMMER, NORM 2336 YORK DR. SARASOTA, FL. 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILGROD, ALAN 2331 LAKEVIEW DR. SARASOTA, FL. 34238 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTT, PAUL 2336 YORK DR. SARASOTA, FL. 34238 <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 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: *Suellen Barber* **SUELLEN BARBER** **4-15-06** **(941) 926-9746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #