


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90058 024 ****70.00

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|--|--|---|--|---|--|
| DOCUMENT # N06211 1. Entity Name SARASOTA PARK EAST HOME OWNERS, INC. | | | |  | |
| Principal Place of Business 8333 S TAMiami TRAIL SARASOTA, FL 34238 US | | | Mailing Address 8333 S TAMiami TRAIL SARASOTA, FL 34238 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2528373 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARBER BARBER, SUELLEN 8531 CARRIE LANE SARASOTA, FL 34238 | | | | 7. Name and Address of New Registered Agent Name <u>SuEllen Barber</u> Street Address (P.O. Box Number is Not Acceptable) <u>8531 Carrie Ln.</u> City <u>Sarasota</u> FL Zip Code <u>34238</u> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | VP D'ERRICO, JOHN 8311 MORGAN DR SARASOTA, FL 34238 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIEFENBACHER, DAN 2227 YORK DR. SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | VP HILDRED, ALAN 2381 LAKEVIEW DR. SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | S CHRISTAE, MARSHA 8443 OLD SALEM DR. SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | D BOTT, PAUL 2330 YORK DR. SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BARBER, SUELLEN 8531 CARRIE LANE SARASOTA, FL 34238 | <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 | D CLEMMER, NORM 3221 YORK DR SARASOTA, FL 34238 | <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 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: <u>SuEllen Barber / SuELLEN BARBER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>4-27-07</u> (941) 926-9746 <small>Date Daytime Phone #</small> | | |