

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06211

FILED
Mar 11, 2009
Secretary of State

Entity Name: SARASOTA PARK EAST HOME OWNERS, INC.

Current Principal Place of Business:

8333 S TAMIAMI TRAIL
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

8333 S TAMIAMI TRAIL
SARASOTA, FL 34238 US

New Mailing Address:

8531 CARRIE LANE
SARASOTA, FL 34238 US

FEI Number: 59-2528373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBAER, SUELLEN
8531 CARRIE LANE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

BARBER, SUELLEN
8531 CARRIE LANE
SARASOTA, FL 34238 US

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: SUELLEN BARBER

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIEFENBACHER, DAN
Address: 2227 YORK DR.
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: WEBB, HOWARD
Address: 2333 FREMONT DR.
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: SCHEUREN, RON
Address: 2117 LAKEVIEW DR.
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: CHRISTIE, MARSHA
Address: 8443 OLD SALEM DR
City-St-Zip: SARASOTA, FL 34238

Title: T () Delete
Name: BARBER, SUELLEN
Address: 8531 CARRIE LANE
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: CLEMMER, NORM
Address: 3221 YORK DR
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HILDRED, ALAN
Address: 2331 LAKEVIEW DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCracken, MARY
Address: 2019 FREMONT DRIVE
City-St-Zip: SARASOTA, FL 34238

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: SUELLEN BARBER

TREA

03/11/2009

Electronic Signature of Signing Officer or Director

Date