


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2008 90198 031 ****61.25

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| DOCUMENT # N07000000995 | |  | |
| 1. Entity Name 1350 MAIN RESIDENTIAL CONDOMINIUM ASSOCIATION, INC | | | |
| Principal Place of Business 1310 MAIN ST. SARASOTA, FL 34236 | | Mailing Address 1310 MAIN ST. SARASOTA, FL 34236 | |
| 2. Principal Place of Business - No P.O. Box # <i>1350 Main Street</i> | | 3. Mailing Address <i>595 Bay Isles Rd</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>#200</i> | |
| City & State <i>Sarasota, FL</i> | | City & State <i>Longboatkey, FL</i> | |
| Zip <i>34236</i> | | Zip <i>34228</i> | |
| Country | | Country | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BROWN, CHRISTOPHER J 1310 MAIN ST. SARASOTA, FL 34236 | | Name <i>Beth Callans Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>595 Bay Isles Rd #200</i> City <i>Longboatkey</i> FL Zip Code <i>34228</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 <i>Beth Callans</i> | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | PD MORRIS, WILLIAM E 1310 MAIN ST. SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Brian Schaffer 1350 Main St Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BROWN, CHRISTOPHER J 1310 MAIN ST. SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Chris Brown 1350 Main St Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LANGTON, MIKE 1310 MAIN ST. SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Jack Thompson 1350 Main St Sarasota, FL 34236 <input checked="" 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 | S B. Bianna Allard 1350 Main St Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Tony St. John Brown 1350 Main Street Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" 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 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: <i>[Signature]</i> | | Date: <i>02/22/08</i> Daytime Phone #: <i>941-366-2165</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |