

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001323

FILED
Jan 12, 2009
Secretary of State

Entity Name: FIVE POINTS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1900 MAIN ST SUITE 301
SARASOTA, FL 34236

New Principal Place of Business:

50 CENTRAL AVENUE
#1207
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 2795
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-8032769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, JOE B
50 CENTRAL AVENUE
FIRST FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOFFE, ROXANNE
Address: 1900 MAIN ST SUITE 301
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: FRANK, ANDREA
Address: 100 CENTRAL AVENUE #516
City-St-Zip: SARASOTA, FL 34236

Title: ST () Delete
Name: MCCOLLOUGH, RON
Address: 50 CENTRAL AVE UNIT 1207
City-St-Zip: SARASOTA, FL 34236

Title: TR () Delete
Name: SANDERS, JOE B
Address: 50 CENTRAL AVENUE, FIRST FLOOR
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BM () Change (X) Addition
Name: EDWARDS, GRAHAM
Address: 1350 MAIN ST #810
City-St-Zip: SARASOTA, FL 34236

Title: BM () Change (X) Addition
Name: REYAVICH, RON
Address: 50 CENTRAL AVENUE #1003
City-St-Zip: SARASOTA, FL 34236

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: BRYSON SANDERS

TR

01/12/2009

Electronic Signature of Signing Officer or Director

Date