

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001785

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** FRUITVILLE 210 COMMUNITY ALLIANCE, INC.

**Current Principal Place of Business:**

1515 VEREDA VERDE  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5317 FRUITVILLE RD - # 103  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 01-0897341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KROTEC, JOHN T  
5373 FRUITVILLE RD  
SARASOTA, FL 34232 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: C ( ) Delete  
Name: KROTEC, JOHN  
Address: 1515 VEREDA VERDE  
City-St-Zip: SARASOTA, FL 34232

Title: VC ( ) Delete  
Name: SUMMERFORD, KEITH  
Address: 841 GREYSTONE LN  
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete  
Name: HEFFNER, KAREN  
Address: 1135 STOEBER AVE  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: HEED, HARMON  
Address: 5380 SOUTHERLY WAY  
City-St-Zip: SARASOTA, FL 34232

**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:

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:** KAREN HEFFNER

S

01/20/2009

Electronic Signature of Signing Officer or Director

Date