FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N17336 (1)

SARA	SOTA	MUSIC	FESTIVAL	INC.

Principal Place of Business Mailing Address														
709 N TAMIAMI TRAIL SARASOTA FL 34236			709 N TAMIAMI TRAIL SARASOTA FL 34236											
										 Date incorporated or Qualified 10/16/1986 	3a. Date 05	of Last I 01/1	, i	
	2. Principal Place of Business		} \	2a. Mailing Address					4. FEI Number			Applied For Not Applicable		
21				+	26 Suite Apt # etc				······································					
22		Suite, Apt. #, etc.			Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23	City & State	State 28			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
24	Zip		Country 25	Zip	} 					This corporation has liability for int Florida Statutes		199.032,		
		9. Name	and Address of Curr		d Agent	1001	Т			10. Name and Address of New Reg	Yes 🔼 No			
							81	Name						
	é E DOILE	OPETOLIE	*ki											
		GRETCHE					82	Street	Addres	s (P.O. Box Number is Not Acceptable))			
		TAMIAMI T					83							
	SAMASU)TA FL 342	236											
							84	City			FL	35 Zip	Code	
11	I. Pursuant t	o the provisi	ons of Sections 617.05	02 and 617.15	08, Florida Statu	ites, the a	bove-r	named co	orporati	on submits this statement for the purpo of directors. I hereby accept the appoin	ose of chang	ng its re	gistered office	
	familiar wit	th, and acce	pt the obligations of, Se	otion 617.0503	irige was autron 3, Florida Statute	izeu by tri es	ie corp	oration s	board	or directors, i nereby accept the appoir	itment as reg	jisterea	agent. i am	
SH	GNATURE													
		Signature, typed	or printed name of registered ag-	·	<u>`</u>	NOTE Registe	ered Ager	r. signature r	equred w	hen reinstating)	DATE			
12			OFFICERS A	ND DIRECTOR			3.		,	ADDITIONS CHANGES TO OFFIC				
111	1	PD			DELETE	1.	1 TITLE		PD		X) (Change	☐ Addition	
NA	ME	111014111, 511501			1.2 NAME			LAU	RENCE R. SASLAW					
STE	STREET ADDRESS 2003 CORTEZ RD W			1.3 8		3 STREET	ADDRESS 1003 WI		3 WESTNAY DR					
	Y-ST-ZIP BRADENTON FL					4 CITY - S	T-ZIP	SARASOTA, FL 34236						
TIT	LE	VD			DELETE	2	1 TITLE		VD	•	. XI	Change	Addition	
NA.	110001110; 110111			2 2 N		2 NAME		BEA	TRICE FRIEDMAN					
STE	STREET ADDRESS 426 MEADOWLARK DRIVE			2.3 \$		3 STREET	ADDRESS	1	5 L'AMBIANCE DR. PHG					
	TY-ST-ZIP SARASOTA FL.					2 4 CITY-SI-ZIP		1	ONGBOAT KEY, FL 34228			50 5 100		
TIT		SD					3.1 HILE			,		Change	Addition	
NA.		D					2 NAME							
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NA av	-		RNEST R. ADOW LARK				2 NAME							
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	RÉET ADDRESS					1		ADORESS						
L DI	Y-ST-ZIP					6	4 CH1Y - S	a - ZiP	I					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND PARTITION FRAME OF SIGNING OFFICER OR DIRECTOR LAURENCE R. SASLAW

6 941-953-4252

CR2E037 (12/95)