2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N20848

1. Entity Name
ST. ARMANDS CIRCLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 MADISON DR. SARASOTA, FL 34236-1328	300 MADISON DR. SARASOTA, FL 34236-1328

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04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1701241
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIDDEL, JEFFERSON F.
720 SOUTH ORANGE AVENUE
SARASOTA, FL 33577

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *NOTE: Registered Agent signature required when reinstating.

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEFFLEY, JACK
STREET ADDRESS	300 HADISON DR
CITY ST ZIP	SARASOTA, FL 34236
TITLE	VPD
NAME	SEACE, ERIC
STREET ADDRESS	364 ST. ARMANDS CIRCLE
CITY ST ZIP	SARASOTA, FL 34236
TITLE	VPD
NAME	HOYT, MAUREEN
STREET ADDRESS	300 MADISON DR
CITY ST ZIP	SARASOTA, FL 34236
TITLE	ED
NAME	CORRIGAN, DIANA
STREET ADDRESS	300 MADISON DR.
CITY ST ZIP	SARASOTA, FL 34236
TITLE	ST
NAME	EAGAN, JOY
STREET ADDRESS	465 A JOHN RINGLING BLVD
CITY ST ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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05/03/04-80114-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Diana M Corrigan E.D. X 4/28/04 X (941) 388-1554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number