

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20848

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** ST. ARMANDS CIRCLE ASSOCIATION, INC.

**Current Principal Place of Business:**

300 MADISON DR.  
SARASOTA, FL 342361328

**New Principal Place of Business:**

**Current Mailing Address:**

300 MADISON DR.  
SARASOTA, FL 342361328

**New Mailing Address:**

**FEI Number:** 59-1701241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIDDEL, JEFFERSON F.  
720 SOUTH ORANGE AVENUE  
SARASOTA, FL 33577 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: S ( ) Delete  
Name: PEFFLEY, JACK  
Address: 300 HADISON DR.  
City-St-Zip: SARASOTA, FL 34236

Title: PP ( ) Delete  
Name: SEACE, ERIC  
Address: 364 ST. ARMANDS CIRCLE  
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Delete  
Name: CARMON, BILL  
Address: 300 MADISON DR  
City-St-Zip: SARASOTA, FL 34236

Title: ED ( ) Delete  
Name: CORRIGAN, DIANA  
Address: 300 MADISON DR.  
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Delete  
Name: WHITTEN, CHERYL  
Address: 300 MADISON DRIVE  
City-St-Zip: SARASOTA, FL 34236

Title: P ( ) Delete  
Name: MATERESE, MARNIE  
Address: 300 MADISON DR  
City-St-Zip: SARASOTA, FL 34236

**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: ( ) 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:** DIANA CORRIGAN

ED

02/19/2009

Electronic Signature of Signing Officer or Director

Date