

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90099 025 \*\*\*\*61.25

**DOCUMENT # N22826**

1. Entity Name

**THE BETTER GOVERNMENT ASSOCIATION OF SARASOTA  
COUNTY, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 18483  
SARASOTA FL 34276-1483

P.O. BOX 18483  
SARASOTA FL 34276-1483

**50028426**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0020546

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, DAVID L  
4170 HEARTHSTONE DR  
SARASOTA FL 34238

Name *Andreas David Bothe*

Street Address (P.O. Box Number is Not Acceptable)

*463 Picasso Drive*

City *Nokomis, FL*

**FL**

Zip Code *34275*

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

*Andreas David Bothe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Andreas David Bothe*  
*March 15, 2005*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DAVID L	
STREET ADDRESS	4170 HEARTHSTONE DR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MC ELMURRAY, JEANNE	
STREET ADDRESS	1661 SUNRISE LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEIDMAN, SANDY	
STREET ADDRESS	1255 N. GULFSTREAM AVE. #202	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWEETLAND, DONALD	
STREET ADDRESS	4233 HEARTHSTONE DR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bothe, A. David</i>	
STREET ADDRESS	<i>463 Picasso Drive</i>	
CITY-ST-ZIP	<i>Nokomis, FL 34275</i>	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Sheldon, Richard G</i>	
STREET ADDRESS	<i>3650 Country Place Blvd</i>	
CITY-ST-ZIP	<i>Sarasota, FL 34233</i>	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Woodward, Elinor</i>	
STREET ADDRESS	<i>822 Paradise Way</i>	
CITY-ST-ZIP	<i>Sarasota, FL 34242</i>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Brown, David L</i>	
STREET ADDRESS	<i>4170 Hearthstone Dr</i>	
CITY-ST-ZIP	<i>Sarasota, FL 34238</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Andreas David Bothe* **Andreas David Bothe** *3/12/05* **941 966 6723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #