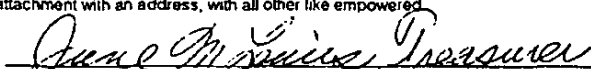


5/13/2005-90225-009-\$8.75-\$8.75

DOCUMENT # N23143				FILED	
1. Entity Name SARA MANA ANTIQUE DEALERS ASSOCIATION, INC.				05 JUN 10 PM 1:58	
Principal Place of Business 4760 CALUMET AVE SARASOTA FL 34234 US		Mailing Address 4760 CALUMET AVE SARASOTA FL 34234 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)	
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, JUNE 4760 CALUMET AVE SARASOTA FL 34234				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, DONALD 4326 74TH AVENUE SARASOTA FL 34243	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL REESE PRESIDENT 3030 HATTON ST SARASOTA FL 34237	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLADCIK, KATHY PO BOX 10643 BRADENTON FL 34207	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA COONEY CORR. SECRETARY 729 INDIAN BEACH CIRCLE SARASOTA FL 34234	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOHR, MICKY 2230 SUNNYSIDE LN SARASOTA FL 34239	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOIS AGRESTI RECORDING SECRETARY 2907 ROBINSON AVE SARASOTA FL 34232	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, JUNE 4760 CALUMET AVE SARASOTA FL 34234	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEN DAVIDSON Y. PRES. 1674 UNIVERSITY PKWY SARASOTA FL 34243	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHURTLIFF, DWIGHT 7526 4TH AVE W BRADENTON FL 34209	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 		5/4/05 (491) 351-1324			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			