

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State



DOCUMENT # N24830
 1. Entity Name
ASSOCIATION OF SARASOTA BY THE SEA
SUBDIVISION NO. 1

Principal Place of Business 6760 SARA SEA CIRCLE SARASOTA, FL 34242-2521	Mailing Address 6760 SARA SEA CIRCLE SARASOTA, FL 34242-2521
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04122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUIR, MARY ANN G
6760 SARA SEA CIRCLE
SARASOTA, FL 34242-2521

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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 fee if applicable (NOTE: Registered Agent's signature required when registering)

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 NAME STREET ADDRESS CITY ST ZIP	DP RATENI, TONY 6744 SARA SEA CIRCLE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP KOCH, MICHAEL 6760 SARA SEA CIRCLE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY ST ZIP	DS GAMBILL II, WILLIAM D 6717 SARA SEA CIRCLE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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 04/29/04-80026-023 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: Tony Rateni - TONY RATENI **4-18-04** **941-349-1176**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #