2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N24830**



FILED Feb 07, 2007 8:00 am Secretary of State 02-07-2007 90039 029 ****61.25

ASSOCIATION OF SARASOTA BY THE SEA SUBDIVISION NO. 1						02-07-2007	J00JJ 02J	0.1	20	
Principal Place of Business Mailing Address 6760 SARA SEA CIRCLE 6760 SARA SEA CIRCLE SARASOTA, FL 34242-2521 SARASOTA, FL 34242-252						II 21291 19129 1771 921	G1811 G1811 G1811 B19	DIE BING SENI	me: al Ibb)	
Principal Place of Business - No P.O. Box #										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192007	Chg-NP	CR2E037 (12/06)			
City & State		City & State			4. FEI Number NOT APPLICABLE				plied For t Applicable	
Zíp	Country	Zip	Country	'	5. Certificate of	Status Desired		.75 Addi Required		
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New R	egistered Age	nt		
MUIR, MARY ANN G				Name RONALD S. DUBER						
MUIR, MARY ADIN G 6760 SARA SEA CIRCLE SARASOTA, FL 84242-2521				Street Address (P.O. Box Number is 1) Acceptable)						
			C	City SARA	50120		FL	Zio Coge	43	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its i	registered o	office or register	red agent, or both,	in the State of Flo	orida. I am fami	ifiar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Age	ent signature required	d when reinstating)		3/07 DATE			
Filing Fee Is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contribu					\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	_	- I		ncing		•		•	,	
10.	Due by May 1, 2007	Trust Fund C	ontribution.		Added to Fees	Flor	ida Departme	ent of St	ate	
10.	_	Trust Fund C				Flor	ida Departme	ent of St	ate	
	Due by May 1, 2007 OFFICERS AND DI	Trust Fund C	ontribution.		Added to Fees	Flor	ida Departme	TORS IN	10	
TITLE NAME STREET ADDRESS	OFFICERS AND DI DV RATENI, TONY 6744 SARA SEA CIRCLE	Trust Fund C	11. TITLE NAME STREET AC	DORESS	Added to Fees	Flor	ida Departme	TORS IN	10	
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I nerepy ceruly that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR