
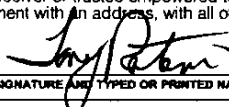


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90021 013 \*\*\*\*61.25

<b>DOCUMENT # N24830</b> 1. Entity Name <b>ASSOCIATION OF SARASOTA BY THE SEA</b> <b>SUBDIVISION NO. 1</b>					
Principal Place of Business <b>6760 SARA SEA CIRCLE</b> <b>SARASOTA, FL 34242-2521</b>				Mailing Address <b>6760 SARA SEA CIRCLE</b> <b>SARASOTA, FL 34242-2521</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DUBIN, RONALD S</b> <b>4308 74TH TERR. E.</b> <b>SARASOTA, FL 34243</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RATANI, TONY		NAME		
STREET ADDRESS	6744 SARA SEA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISPASO, ROBERT		NAME		
STREET ADDRESS	6772 SARASOTA CIR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D/V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBILL II, WILLIAM D		NAME		
STREET ADDRESS	6717 SARA SEA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify 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.					
<b>SIGNATURE:</b> 			1/6/08 941-228-9988		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		