

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90009 018 \*\*\*\*61.25

<b>DOCUMENT # N31573</b> 1. Entity Name <b>SARASOTA NEWCOMERS CLUB, INC.</b>					
Principal Place of Business 7146 WAINSCOTT CT SARASOTA, FL 34238 US			Mailing Address PO BOX 15745 SARASOTA, FL 34277-1745 US		
2. Principal Place of Business - No P.O. Box # <b>8240 Barton Farms Blvd.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-2710301</b>	
Zip <b>34240</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LORENZ, JANICE</b> <b>8592 WOODBRIAR DR</b> <b>SARASOTA, FL 34238</b>				7. Name and Address of New Registered Agent Name <b>Bailey, Jeanette</b> Street Address (P.O. Box Number is Not Acceptable) <b>7304 S. Serenoa Dr.</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34241</b>	
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 <u><i>Jeanette Bailey</i></u> <u><i>Jeanette Bailey</i></u> <u><i>Treasurer</i></u> <u><i>2/24/08</i></u> <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 Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVES, BECKY 5101 FLAGSTONE SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Overdorf, Shari 7146 Waincott Ct. Sarasota, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRVINE, BETTY 7630 WEEPING WILLOW CIR., SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rhodes, Connie 10305 Braden Run Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAVERY, MORIA 8362 CYPRESS HOLLOW DR. SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Meyers, Marcia 5408 Eagle Point Cir. #303 Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORENZ, JANICE 8592 WOODBRIAR DRIVE SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bailey, Jeanette 7304 S. Serenoa Dr. Sarasota, FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHORBA, MERLE 435 GULFSTREAM AVE #901 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ouellette, Lynn 5863 Benevento Dr. Sarasota, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <u><i>Jeanette Bailey</i></u> <u><i>Jeanette Bailey</i></u> <u><i>2/24/08</i></u> <u><i>941-923-6056</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					