

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36986

FILED
May 05, 2011
Secretary of State

Entity Name: SARASOTA SISTER CITIES ASSOCIATION INC.

Current Principal Place of Business:

C/O BILLY E. ROBINSON
1565 FIRST STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O BILLY E. ROBINSON
1565 FIRST STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0178684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, BILLY E
1565 FIRST ST
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: RAYMAN, CARLA
Address: 5596 EASTWIND DR.
City-St-Zip: SARASOTA, FL 34233

Title: DV
Name: BYRNES, HOPE
Address: 5031 FABERGE PLACE
City-St-Zip: SARASOTA, FL 34233

Title: DV
Name: FURLONG, CAROL
Address: 1465 LANDINGS CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: DV
Name: HALBERT, JOHN T
Address: 133 INLETS BLVD
City-St-Zip: NOKOMIS, FL 34275

Title: T
Name: POMERANZ, DAVID
Address: 429 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

Title: DV
Name: FREEMAN, JOHN
Address: 481 MONTELLUNA DR.
City-St-Zip: N. VENICE, FL 34275

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID POMERANZ

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05/05/2011

Electronic Signature of Signing Officer or Director

Date