

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90016 049 ****61.25

DOCUMENT # N41855

1. Entity Name

EAST VILLAGE CART OWNERS ASSOCIATION INC.



Principal Place of Business

733 POND LILY WAY
VENICE FL 34293
US

Mailing Address

733 POND LILY WAY
VENICE FL 34293
US

54037106



MOORE

CR2E037 (11/03)

2. Principal Place of Business

733 POND LILY WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0254032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAURMAN, PAUL
3173 NIGHT HERON LANE
VENICE FL 34293

7. Name and Address of New Registered Agent

Name PAUL P SAURMAN
Street Address (P.O. Box Number is Not Acceptable)
733 POND LILY WAY

City VENICE

FL

Zip Code 34293

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

PAUL P. SAURMAN SECTRES. [Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DST
NAME SAURMAN, PAUL ☐ Delete
STREET ADDRESS 3173 NIGHT HERON LANE
CITY-ST-ZIP VENICE FL

TITLE DP
NAME BASTA, LAURENCE R ☐ Delete
STREET ADDRESS 529 LAUREL CHERRY LN
CITY-ST-ZIP VENICE FL 34293

TITLE DV
NAME RICHARDS, JAMES ☐ Delete
STREET ADDRESS 1801 QUAIL LAKE DR
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~SAURMAN, PAUL~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SAURMAN, PAUL~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] SECTRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL P. SAURMAN

3/3/04

Date

941-497-2011

Daytime Phone #