


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

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90061 036 ****61.25

DOCUMENT # N46172
1. Entity Name
COMMUNITY PARTNERS, INC.



Principal Place of Business: **4726 N TAMIAMI TRL
SARASOTA FL 34234**
Mailing Address: **4726 N TAMIAMI TRL
SARASOTA FL 34234**

54023003



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

4. FEI Number: **65-0318981**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEAP, JANET M.
3500 CENTRAL AVE.
SARASOTA FL 34234**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating)
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	D	<input type="checkbox"/> Delete
NAME	SANDBACH, ELEANOR	
STREET ADDRESS	4469 RAYFIELD DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	LEAP, JANET M	
STREET ADDRESS	506 SATURN AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EISNER, SHELLEY	
STREET ADDRESS	4116 4TH AVE NE	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HARRIS, CAROL	
STREET ADDRESS	3486 AUSTEN ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EISNER, JAMES	
STREET ADDRESS	4116 4TH AVE NE	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	506 SATURN AVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janet M. Leap* JANET M. LEAP 4-6-04 941-355-5948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #