

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N49700

1. Entity Name
SRQ PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business
**4987 WINDSOR PARK
SARASOTA, FL 34235**

Mailing Address
**4987 WINDSOR PARK
SARASOTA, FL 34235**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAKER, STEVEN E
8433 ENTERPRISE CIR., SUITE 211
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARP, LEMUEL III
STREET ADDRESS	4987 WINDSOR PARK
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	VPD
NAME	SHARP, LEMUEL JR
STREET ADDRESS	4987 WINDSOR PARK
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	D
NAME	NIKITA, MARION
STREET ADDRESS	755 S PALM #504
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000175852
01/10/05-80066-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lemuel Sharp III
LEMUEL SHARP III, Pres. 1/6/05 941-758-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #