

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 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**



01152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**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, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/31/07-80032-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lemuel Sharp III, President**

Date

**1-16-07**

Daytime Phone #

**941-758-  
6441**