


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

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90088 018 \*\*\*\*61.25

**DOCUMENT # N51118**

1. Entity Name  
**COALITION OF CITY NEIGHBORHOOD ASSOCIATIONS OF SARASOTA, INC.**



Principal Place of Business  
**CITY OF SARASOTA**  
**E-215**  
**SARASOTA, FL 34236 US**

Mailing Address  
**1800 SECOND STREET**  
**799**  
**SARASOTA, FL 34236 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc. -

3. Mailing Address  
 Suite, Apt. #, etc.

03142007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**65-0335112**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHAPMAN, SUSAN**  
**1800 SECOND STREET SUITE 780**  
**SARASOTA, FL 34236**

**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 *Susan Chapman* **SUSAN CHAPMAN** *3/29/07*  
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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORACA, JOSEPH 2163 HIBISCUS STREET SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VDP CLAPP, RICHARD 426 S. SHORE SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VDP ZIMMERMAN, STAN 2469 NOVUS ST. SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CHAPMAN, SUSAN 1800 SECOND STREET SUITE 799 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, LINDA 617 GILLESPIE AVE. SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCHAND, VALERIE 2652 JANIE POE DRIVE SARASOTA, FL 34234	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Zimmerman, Stan 2469 Novus Street Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVPD Robinson, Susan 422 Garfield Drive Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VDP Chapman, Susan 1800 Second Street, Suite 780 Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Patel, Barry, Dir 4800 N. Tamiami Trail Sarasota, FL 34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wilson, Jennifer 435 Seeds Avenue Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Chapman* **SUSAN CHAPMAN 2VP** *3/29/07* *94 954-0310*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #