## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51118

FILED Jan 27, 2009 Secretary of State

Entity Name: COALITION OF CITY NEIGHBORHOOD ASSOCIATIONS OF SARASOTA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
CITY OF S	ARASOTA					
E-215 SARASOT	A, FL 34236	US				
	,		New Maili	na Addrass		
Current IVI	ailing Addres	S.	new maiii	ng Address	•	
780	OND STREET					
SARASOT	A, FL 34236	US				
FEI Number:	65-0335112	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
	I, SUSAN DND STREET A, FL 34236	SUITE 780 US				
	of Florida.	submits this statement for the pu	urpose of changing i	ts registered	I office or registered agent, or both,	
	Electron	ic Signature of Registered Age	nt		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CHAPMAN, SUS	STREET, SUITE 780	Title: Name: Address: City-St-Zip:	P LOWMAN, KA 517 MADISO SARASOTA,	N COURT	
Title: Name: Address: City-St-Zip:	T () PATEL, BARRY 4800 N TAMIAW SARASOTA, FL	II	Title: Name: Address: City-St-Zip:	HAVENS, NA	ER TERRACE	
Title: Name: Address: City-St-Zip:	S () KIEHL, KENNET 1430 HILLVIEW SARASOTA, FL	DRIVE	Title: Name: Address: City-St-Zip:	,	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VP () LOWMAN, KATE 517 MADISON ( SARASOTA, FL	COURT	Title: Name: Address: City-St-Zip:	PATEL, BHAF	MI TRAIL, #103	
Title: Name: Address: City-St-Zip:	D () SERRIE, GRET 636 MECCA DR SARASOTA, FL	IVE	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP () BUCHAND, VAL 2652 JANIE PO SARASOTA, FL	E DRIVE	Title: Name: Address: City-St-Zip:	1	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATE LOWMAN P 01/27/2009