

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51118

FILED
Jan 30, 2012
Secretary of State

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

Current Principal Place of Business:

CITY OF SARASOTA
E-215
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1800 SECOND STREET
780
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0335112 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: EASTERLE, ROBERT
Address: 1435 HILLVIEW STREET
City-St-Zip: SARASOTA, FL 34236

Title: T
Name: KOLODGY, PAT
Address: 2635 BAY STREET
City-St-Zip: SARASOTA, FL 34237

Title: S
Name: SHOFFSTALL, CARL
Address: 129 TYLER, UNIT 102
City-St-Zip: SARASOTA, FL 34236

Title: VP
Name: FULLER, WILLIAM
Address: 244 SHOPPING AVENUE, PMB 235
City-St-Zip: SARASOTA, FL 34237

Title: VP
Name: HARRINGTON, ROBIN
Address: 1723 SPRING CREEK DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: CHAPMAN, SUSAN
Address: 1800 SECOND STREET, SUITE 780
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: SUSAN CHAPMAN

D

01/30/2012

Electronic Signature of Signing Officer or Director

Date