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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200001030 1. Corporation Name

BAILLIAGE DE SARASOTA, INC.

Principal Place of Business

Mailing Address

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90061 036 ****61.25



	N TAMIAMI TRAIL 5230 N TAMIAMI TRAIL SORTA FL 32423 US						
2. Principal P	Principal Place of Business 2a. Mailing Addre			<u></u>	3. Date Incorporated or Qualifed		
21	26				12/31/1992		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	——— ·	olied For
22		27			65-0379027		Applicable
City & Stat	e , , ,	City & State			-5 Certificate of Status Desired	\$8.75 A	
Zip	Country			ntry	6. Election Campaign Financing	\$5.00	, ,
24	25 29 30				Trust Fund Contribution	Added to	o Fees
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Regis	itered Agent	 -
			\ \ \	81 Name			\
TAULERE, ALAIN 1000 CENTRALAVE 5230 N. TAMIAMITRAIL				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
,	A FL 34236 34234	• • •	ĺ	83			\
0/10/00/	7-12 J-12 J			84 City		FL 85 Zip C	ode
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the provision of the provision o	of Florida. Such change was autitions of, Section 617.0503, Florid	tnonzed da Statu	by the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as reg	registered gistered
5,0,0,0,0	Signature, typed or printed name of registered age			Agent signature require		ATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 111	LE		☐ Change	☐ Addition
NAME	TAULERE, ALAIN P		1.2 NA	ME			
STREET ADDRESS	5230 N TAMIAMI TRAIL		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CIT	Y-ST-ZIP			
TITLE	PD DELETE		2.1 TIT	LE	,	☐ Change	☐ Addition
NAME	SULLIVAN, MARIANNE		2.2 NA	ME			
STREET ADDRESS	178 WASHINGTON AVE		2.3 ST	REET ADDRESS			-
CITY-ST-ZIP	LAKE MARY FL		2.4 CI	TY-ST-ZIP	•		1
TITLE	SD DELETE		3.1 TIT			☐ Change	Addition
NAME -	MCCALL, LEE		3.2 NA				
STREET ADDRESS				REET ADDRESS			
	SARASOTA FL			TY-ST-ZIP			
CITY-ST-ZIP TITLE	VD	☐ DELETE	4.1 117			☐ Change	☐ Addition
NAME	CULBRETH, CRAIG REV		4. 2 N				
-	*		1	REET ADDRESS			
STREET ADDRESS	1191 TROTTWOOD BLVD		1	ı			
CITY-ST-ZIP	WINTER SPRINGS FL	☐ DELETE	4.4 CI	TY-ST-ZIP		☐ Change	Addition
TITLE	SD	☐ DELETE	5.1 III	I .			
NAME	MUNIZZI, AMY		1	REET ADDRESS			
STREET ADDRESS				i			
CITY-ST-ZIP	LAKE MARY FL	Florier	6.1 TIT	Y-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	1			€ onange	- Madagari
NAME			6.2 NA	- 1			
STREET ADDRESS			F	REET ADDRESS			
CITY OT 710	1		6.4 CI	ry∙st-zip			İ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appear with an address, with all other like empowered.

SIGNATURE: