

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90120 020 \*\*\*\*70.00

**DOCUMENT # N93000004562**

1. Entity Name

**SAVE ANNA MARIA, INC.**



Principal Place of Business

**9115 12TH AVE N.W  
BRADENTON FL 34209  
US**

Mailing Address

**P.O. BOX 906  
ANNA MARIE FL 34216  
US**

2. Principal Place of Business

**1203 GULF DR. N.**

3. Mailing Address

**P.O. Box 906**

Suite, Apt. #, etc.

**# 400**

Suite, Apt. #, etc.

City & State

**BRADENTON BEACH, FL.**

City & State

**ANNA MARIA, FL.**

Zip

**34217**

Country

**US**

Zip

**34216**

Country

**US**

6. Name and Address of Current Registered Agent

**COURTNEY, LUCIEN**

**609 NORTH BAY BLVD. #2115  
HOLMES BEACH FL 34217**

7. Name and Address of New Registered Agent

Name

**BUNNY L. GARST**

Street Address (P.O. Box Number is Not Acceptable)

**609 NORTH BAY BLVD.**

**#2115**

City

**ANNA MARIA**

**FL**

Zip Code

**34216**

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

*Bunny L. Garst* **BUNNY L. GARST**

**3/5/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>COURTNEY, JOY</b>	
STREET ADDRESS	<b>8104 GULF DRIVE</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>LACINA, BARBARA</b>	
STREET ADDRESS	<b>600 MANATEE AVENUE, # 125</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>MESAROS, SHERRY</b>	
STREET ADDRESS	<b>307 57TH ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL 34217</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTINI, BILLIE</b>	
STREET ADDRESS	<b>212 67TH ST</b>	
CITY-ST-ZIP	<b>BRADENTON BEACH FL 34217</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATHERINE KATIE PIEROLA</b>	
STREET ADDRESS	<b>1203 GULF DR. N. # 400</b>	
CITY-ST-ZIP	<b>BRADENTON BEACH, FL. 34217</b>	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOAN PERRY</b>	
STREET ADDRESS	<b>507 74TH. ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH, FL. 34217</b>	
TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHERRY MESAROS</b>	
STREET ADDRESS	<b>307 57TH. ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH, FL. 34217</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Sherry C. Mesaros* **SHERRY C. MESAROS** **3/5/03** **941-778-9474**

CR2E037 (10/02)