

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90192 005 \*\*\*\*61.25

**DOCUMENT # N94000002624**

1. Entity Name  
**CATTLEMEN CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**999 CATTLEMEN RD  
UNIT G  
SARASOTA, FL 34232 US**

Mailing Address  
**2315 53RD ST.  
SARASOTA, FL 34234-3107 US**



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0536403**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**PAQUETTE, DENNIS  
2315 53RD ST.  
SARASOTA, FL 34234 - 3107**

## 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

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, 2006**

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  
NAME **TAYLOR, RICK** ☐ Delete  
STREET ADDRESS **999 E CATTLEMEN RD**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ STD  
NAME **PAQUETTE, DENNIS** ☐ Delete  
STREET ADDRESS **2315 53RD ST.**  
CITY-ST-ZIP **SARASOTA, FL 342343107**

TITLE ☒ PD  
NAME **EISENMANN, DAVID** ☐ Delete  
STREET ADDRESS **999 G CATTLEMEN RD**  
CITY-ST-ZIP **SARASOTA, FL 342322849**

TITLE ☐   
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐   
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐   
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐   
NAME **CHANGE TITLE TO PD** ☐ Change ☐ Addit  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐   
NAME ☐ Change ☐ Addit  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐   
NAME ☐ Change ☐ Addit  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐   
NAME ☐ Change ☐ Addit  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐   
NAME ☐ Change ☐ Addit  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐   
NAME ☐ Change ☐ Addit  
STREET ADDRESS  
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *by Dennis Paquette STD* 01/05/06