


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90199 047 ****61.25

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|--|--|--|---|--|--|
| DOCUMENT # N95000005152 | | | |  | |
| 1. Entity Name SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 25121 DIVOT DRIVE BONITA SPRINGS, FL 34135 US | | | Mailing Address 381 INTERSTATE BLVD SARASOTA, FL 34240 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 36-4108212 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SUN VAST MANAGEMENT & SVCS INC 381 INTERSTATE BLVD SARASOTA, FL 34240 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE P NAME CARPENTER, MARK STREET ADDRESS 569 INTERSTATE BLVD CITY-ST-ZIP SARASOTA, FL 34240 | <input checked="" type="checkbox"/> Delete | | TITLE P D NAME Mike Shannon STREET ADDRESS 101 Arthur Andersen Blvd # 150 CITY-ST-ZIP Sarasota FL 34232 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE V NAME WIDEMAN, MICHAEL STREET ADDRESS 569 INTERSTATE BLVD. CITY-ST-ZIP SARASOTA, FL 34240 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 101 Arthur Andersen Blvd 400 CITY-ST-ZIP Sarasota FL 34232 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TS NAME JANSEN, TALASHIA STREET ADDRESS 569 INTERSTATE BLVD. CITY-ST-ZIP SARASOTA, FL 34240 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 if changed, or on an attachment with an address, with or other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |