

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90045 022 ****61.25

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DOCUMENT # N96000002565 1. Entity Name SARASOTA SAILOR SOCCER CLUB, INC.					
Principal Place of Business 1000 S. SCHOOL AVE. SARASOTA, FL 34236			Mailing Address 1000 S. SCHOOL AVE. SARASOTA, FL 34236		
2. Principal Place of Business 1000 S. School Av. Suite, Apt. #, etc.		3. Mailing Address 1000 S. School Av Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-0776738	
Zip 34232		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMERSLEY, PHILIP N 1819 MAIN ST SUITE 610 SARASOTA, FL 34236				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 \$81.25 Due by September 6, 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	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVE, ERNIE		NAME	Lawrence Anderson	
STREET ADDRESS	4977 CAMUS STREET		STREET ADDRESS	4945 Hidden Oaks Ln	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITOMMASO, VICTOR		NAME	Donna Carden	
STREET ADDRESS	2959 BRAYURA LAKE DRIVE		STREET ADDRESS	4940 Hidden Oaks Ln	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSEN, ANNA		NAME	Anne Claussen	
STREET ADDRESS	4221 BOSWELL PLACE		STREET ADDRESS	3698 Pond View Ln	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	Sarasota FL 34235	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, MOE		NAME	Joan Martin	
STREET ADDRESS	4521 BEACON DRIVE		STREET ADDRESS	4950 Houle Pl	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Donna Carden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/1/06</u> Daytime Phone # <u>941 915 3033</u>		