


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90022 025 \*\*\*\*61.25

<b>DOCUMENT # N96000002565</b> 1. Entity Name <b>SARASOTA SAILOR SOCCER CLUB, INC.</b>					
Principal Place of Business <b>1000 S. SCHOOL AVE. SARASOTA, FL 34236</b>			Mailing Address <b>1000 S. SCHOOL AVE. SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0776738</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>HAMMERSLEY, PHILIP N</b> <b>1819 MAIN ST SUITE 610</b> <b>SARASOTA, FL 34236</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, LAWRENCE 4945 HIDDEN OAKS LN SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT LORI ANN WEBSTER 4817 Shadyview Ct. SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARDEN, DONNA 4940 HIDDEN OAKS LN SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAIR L. MORRISSEY 1350 S. Shady Ave SARASOTA, FL 34239	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAUSEN, ANNE 3698 POND VIEW LN SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SECRETARY LESLIE LEONARD 6918 SARVIS Rd. SARASOTA, FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, JOAN 4950 HOULE PL SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTOIS, ROGER 4485 DIAMOND CIR E SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTOIS, ROGER 4485 DIAMOND CIR E SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTOIS, ROGER 4485 DIAMOND CIR E SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTOIS, ROGER 4485 DIAMOND CIR E SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURTOIS, ROGER 4485 DIAMOND CIR E SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete
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.					
<b>SIGNATURE:</b> <u>Donna M. Carden</u> <b>Donna M. Carden</b> <u>1/28/08</u> <u>941 915 3033</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					