

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

DOCUMENT # N97000004731

1. Entity Name

TOWLES COURT ART ASSOCIATION, INC.



FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90005 032 ****61.25

Principal Place of Business

1943 MORILL STREET
SARASOTA FL 34236

Mailing Address

1943 MORILL STREET
SARASOTA FL 34236

2. Principal Place of Business

239 S. LINKS AVE.

Suite, Apt. #, etc.

3. Mailing Address

239 S. LINKS AVE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA, FL

Zip
34236

Country
USA

City & State

SARASOTA, FL

Zip
34236

Country
USA

4. FEI Number 65-0777668

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, KATHLEEN
1945 MORRILL ST
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name BRENDA FLEMING

Street Address (P.O. Box Number is Not Acceptable)
239 S. LINKS AVE.

City SARASOTA

FL

Zip Code
34236

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

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

(NOTE: Registered Agent signature required when reinstating)

5-29-05

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	TD	<input checked="" type="checkbox"/> Delete
NAME	DUERLER, NICOLE	
STREET ADDRESS	1938 ADAMS LANE #206	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARRILO, KATHLEEN	
STREET ADDRESS	1945 MORILL STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, BEVERLY	
STREET ADDRESS	1938 ADAMS LANE #102	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	GAWLE, PAT	
STREET ADDRESS	1960 ADAMS LANE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, KATHARINE	
STREET ADDRESS	1943 MORRILL STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, BRENDA	
STREET ADDRESS	239 S. LINKS AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWERY, SARAH	
STREET ADDRESS	1967 MORRILL STREET	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, BETTE	
STREET ADDRESS	1945 MORRILL STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, KATHARINE	
STREET ADDRESS	1943 MORRILL STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALLEGAR, ANAND	
STREET ADDRESS	238 S. LINKS AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34236	
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.

Brenda M. Fleming, Treasurer 5-29-05