# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# N97000005174

**Entity Name:** SARASOTA BAY PARROT HEAD CLUB, INC.

**Current Principal Place of Business:**

1444 FIRST STREET
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48814
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number: 59-3470466** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDANIEL, ROBERT S JR
1444 FIRST STREET
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | CARPENTER, DAVE | |
| Address: | 4228 TERN STREET | |
| City-St-Zip: | SARASOTA, FL 34232 | |
| Title: | T | ( ) Delete |
| Name: | MYLES, RICHARD | |
| Address: | 12112 CLUBHOUSE DRIVE | |
| City-St-Zip: | BRADENTON, FL 34202 | |
| Title: | VP | ( ) Delete |
| Name: | MYLES, PATTI | |
| Address: | 12112 CLUBHOUSE DRIVE | |
| City-St-Zip: | BRADENTON, FL 34202 | |
| Title: | S | ( ) Delete |
| Name: | PALUMBO, BETH | |
| Address: | 3402 CAMBRIDGE DRIVE | |
| City-St-Zip: | BRADENTON, FL 34205 | |
| Title: | D | ( ) Delete |
| Name: | CARPENTER, LORI | |
| Address: | 4228 TERN STREET | |
| City-St-Zip: | SARASOTA, FL 34232 | |
| Title: | D | ( ) Delete |
| Name: | HANRATTY, MARLA | |
| Address: | 557 MEADOW SWEET CR. | |
| City-St-Zip: | OSPREY, FL 34229 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MYLES T 01/14/2009

Electronic Signature of Signing Officer or Director — Date