

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90019 019 ****61.25

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01212008 Cng-NP CR2E037 (12/06)

DOCUMENT # N98000002750 1. Entity Name SARABANDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CONDOMINIUM MANAGEMENT, INC 595 BAY ISLES RD STE 201 LONGBOAT KEY, FL 34228 US			Mailing Address C/O BETH CALLANS MGMT CORP 595 BAY ISLES RD., SUITE 201 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0842077	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY, FL 34228			Name Beth Callans Management Corporation Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Road Suite 200 City Longboat Key FL Zip Code 34228		
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, 2008		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	VP1	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINIKOW, LINDA		NAME	Paul Cramer	
STREET ADDRESS	340 S PALM AVE #54		STREET ADDRESS	340 S. Palm Ave. #121	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Harry Chororos	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROHLICH, ROBERT		NAME	Harry Chororos	
STREET ADDRESS	340 S PALM AVE #120		STREET ADDRESS	340 S Palm Ave 121	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota FL 34236	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, PAUL		NAME	Howard Reinheimer	
STREET ADDRESS	340 S. PALM AVE #121		STREET ADDRESS	340 S Palm Ave #102	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VP2	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOROROS, HARRY		NAME	Fred Heina	
STREET ADDRESS	340 S PALM AVE 61		STREET ADDRESS	340 S. Palm Ave #35	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	BUSHEY, SCOTT		NAME		
STREET ADDRESS	340 S PALM AVE 122		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		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:			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					