

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002750

FILED
Jan 21, 2009
Secretary of State

Entity Name: SARABANDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONDOMINIUM MANAGEMENT, INC
595 BAY ISLES RD STE 201
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

340 S PALM AVENUE
SARASOTA, FL 34236 US

Current Mailing Address:

C/O BETH CALLANS MGMT CORP
595 BAY ISLES RD., SUITE 201
LONGBOAT KEY, FL 34228 US

New Mailing Address:

C/O BETH CALLANS MGMT CORP
595 BAY ISLES RD., SUITE 200
LONGBOAT KEY, FL 34228 US

FEI Number: 65-0842077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MGMT CORP
595 BAY ISLES RD
STE. 200
LONGBOAT KEY, FL 34228 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: VP () Delete
Name: CRAMER, PAUL
Address: 340 S. PALM AVE. #21
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: OROROS, HARRY
Address: 340 S. PALM AVE. #121
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: REINHEIMER, HOWARD
Address: 340 S. PALM AVE. 102
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Delete
Name: HEINA, FRED
Address: 340 S PALM AVE #35
City-St-Zip: SARASOTA, FL 34236

Title: T (X) Delete
Name: BUSHEY, SCOTT
Address: 340 S PALM AVE 122
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROSE, DAN
Address: 340 S. PALM AVE. #152
City-St-Zip: SARASOTA, FL 34236

Title: PRES (X) Change () Addition
Name: CHOROROS, HARRY
Address: 340 S. PALM AVE. #61
City-St-Zip: SARASOTA, FL 34236

Title: T/S (X) Change () Addition
Name: HEINA, FRED
Address: 340 S PALM AVE. #35
City-St-Zip: SARASOTA, FL 34236

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: HARRY CHOROROS

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date