

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002750

FILED
Feb 17, 2011
Secretary of State

Entity Name: SARABANDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

340 S PALM AVENUE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: SWAN, HOBART
Address: 340 S. PALM AVE. #151
City-St-Zip: SARASOTA, FL 34236

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

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

Title: S
Name: FOX, MILTON
Address: 340 S. PALM AVE. #10
City-St-Zip: SARASOTA, FL 34236

Title: T
Name: SODEN, WILLIAM J
Address: 340 S. PALM AVE. #121
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: HARRY CHOROROS

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

_____ Date