## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006432

FILED Mar 23, 2009 Secretary of State

Entity Name: SARASOTA RANCH CLUB HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
PMB 169	LEMEN ROAD A, FL 34233	US					
Current Mailing Address:			N	New Mailing Address:			
PMB 169	LEMEN ROAD	US					
FEI Number:	4, FL 34233 <b>65-0901460</b>		FEI Numb	er Not Applie	cable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	N	lame and	Address of	New Registered Agent:	
UNGER, JIM V 4025 CATTLEMEN ROAD PMB 169 SARASOTA, FL 34233 US The above named entity submits this statement for the purpose o in the State of Florida.				UNGER, JIM 4025 CATTLEMEN ROAD PMB 169 SARASOTA, FL 34233 US of changing its registered office or registered agent, or both,			
SIGNATURE: JIM UNGER				03/23/2009			
		Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	V ()[ CHULOCK, BETH 2243 RANCH CL MYAKKA CITY, F	UB BLVD.	N A	itle: lame: ddress: tity-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () I COOPER, JOE 16130 SINGLETA MYAKKA CITY, F		N A	itle: lame: ddress: ity-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WILSON, MICHA 16149 SINGLETA MYAKKA CITY, F	ARY ROAD L 34251	N A C	itle: lame: ddress: lity-St-Zip:	WILSON, MIC 16149 SINGL MYAKKA CIT	LETARY ROAD Y, FL 34251	
Title: Name: Address: City-St-Zip:	T () [ EVANS, ANNE E 15911 PAINTED SARASOTA, FL		N A	itle: lame: ddress: :ity-St-Zip:	SEGO, ROBIN	SY HAMMOCK LANE	
Title: Name: Address: City-St-Zip:	S () I GOODWYN, LIN 15979 PAINTED SARASOTA, FL	POST LANE	N A	itle: lame: ddress: :ity-St-Zip:	D ( ZALKIN, LAUF 1711 RANCH MYAKKA CIT	CLUB BLVD	
Title: Name: Address: City-St-Zip:	V () I UNGER, JIM 4025 CATTLEME SARASOTA, FL		N A	itle: lame: ddress: ity-St-Zip:	(	()Change ()Addition	

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: JIM UNGER V 03/23/2009