2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002099

1. Entity Name
SENIORNET SARASOTA LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
RIVER CLUB SOUTH 7633 PINE VALLEY ST. BRADENTON, FL 34202	RIVER CLUB SOUTH 7633 PINE VALLEY ST. BRADENTON, FL 34202

04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0909886
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, MYRON J
RIVER CLUB SOUTH
7633 PINE VALLEY ST.
BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE

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.

U00000315538
04/19/05-80039-023 61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STREETMAN, NANCY
STREET ADDRESS	4345 BRYANTE POND LN
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	BOARDMAN, JOHN
STREET ADDRESS	9589 FOREST HILLS CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	SD
NAME	STEARNS, BOB
STREET ADDRESS	4458 ATWOOD CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	PD
NAME	LEVIN, MYRON J
STREET ADDRESS	7633 PINE VALLEY STREET
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VPD
NAME	FLOERSHEIMER, JOE
STREET ADDRESS	5814 FAIRWOODS CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	TD
NAME	GLUNK, CHARLES W
STREET ADDRESS	4905 MARSHFIELD RD
CITY-ST-ZIP	SARASOTA, FL 34235

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Myron J Levin 4-14-05 941-351-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #