2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N99000002099

Entity Name: SENIORNET SARASOTA LEARNING CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0909886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, MYRON J
RIVER CLUB SOUTH
7633 PINE VALLEY ST.
BRADENTON, FL 34202 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:	D	( ) Delete
Name:	STREETMAN, NANCY	
Address:	4346 BRYANTE POND LN	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	BOARDMAN, JOHN	
Address:	9589 FOREST HILLS CIRCLE	
City-St-Zip:	SARASOTA, FL 34238	
Title:	SD	( ) Delete
Name:	STEARNS, BOB	
Address:	4458 ATWOOD CIRCLE	
City-St-Zip:	SARASOTA, FL 34233	
Title:	PD	( ) Delete
Name:	LEVIN, MYRON J	
Address:	7633 PINE VALLEY STREET	
City-St-Zip:	BRADENTON, FL 34202	
Title:	VPD	(X) Delete
Name:	FLOERSHEIMER, JOE	
Address:	5814 FAIRWOODS CIRCLE	
City-St-Zip:	SARASOTA, FL 34243	
Title:	TD	(X) Delete
Name:	GLUNK, CHARLES W	
Address:	4905 MARSHFIELD RD	
City-St-Zip:	SARASOTA, FL 34235	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPD	(X) Change ( ) Addition
Name:	FLOERSHEIMER, JOE	
Address:	5814 FAIRWOODS CIRCLE	
City-St-Zip:	SARASOTA, FL 34243	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	STEARNS, ROBERT	
Address:	4458 ATWOOD CIRCLE	
City-St-Zip:	SARASOTA, FL 34233	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: PRESIDENT/DIRECTOR MYRON J. LEVIN P 03/22/2009

Electronic Signature of Signing Officer or Director — Date