

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 011 ***150.00

DOCUMENT # P02000017811

1. Entity Name

HERITAGE OF SARASOTA, INC.



Principal Place of Business

491 CONRAD RD
VENICE FL 34293

Mailing Address

PO BOX 446
OSPREY FL 34229



2. Principal Place of Business - No P.O. Box #

1779 TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 446

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

VENICE, FL

City & State

OSPREY, FL

4. FEI Number

04-3609048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTELL, ROBERT
491 CONRAD RD
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1779 TAMiami TRAIL

City

VENICE

FL

Zip Code

34293

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituted)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTELL, ROBERT	
STREET ADDRESS	8630 MIDNIGHT PASS RD. A-108	
CITY - ST - ZIP	SARASOTA FL 34242	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTELL, DEBORAH	
STREET ADDRESS	8630 MIDNIGHT PASS RD. A-108	
CITY - ST - ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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:

Robert Martell

ROBERT MARTELL

3-2-07

941-323-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Company Phone #