


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000085879 1. Entity Name SARASOTA VILLAGE COMPANY	
---	---

Principal Place of Business 15395 GULF BLVD. MADEIRA BEACH, FL 33708	Mailing Address P.O. BOX 20055 BRADENTON, FL 34204
--	--

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0210850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHIAVBNE, GEORGE A 15395 GULF BLVD. SAINT PETERSBURG, FL 33708	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.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS		<p>000000310088 (14/16/05-80064-007 150.00)</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS BALL, ROSEMARY 222 S. MULBERRY ST. MUNCIE, IN 47305	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT BALL, FRANK 2222 S. MULBERRY ST. MUNCIE, IN 47305	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV SCHIAVONE, GEORGE A P.O. BOX 20055 BRADENTON, FL 34204	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DAS FOY, DOUGLAS J 222 S. MULBERRY ST. MUNCIE, IN 47305	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DOUGLAS J. FOY *Douglas J. Foy, Asst. Secy* **4-13-05** **727-393-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #