

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
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**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0210850

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	BALL, ROSEMARY
STREET ADDRESS	222 S. MULBERRY ST.
CITY-ST-ZIP	MUNCIE, IN 47305
TITLE	DPT
NAME	BALL, FRANK
STREET ADDRESS	2222 S. MULBERRY ST.
CITY-ST-ZIP	MUNCIE, IN 47305
TITLE	DV
NAME	SCHIAVONE, GEORGE A
STREET ADDRESS	P.O. BOX 20055
CITY-ST-ZIP	BRADENTON, FL 34204
TITLE	DAS
NAME	FOY, DOUGLAS J
STREET ADDRESS	222 S. MULBERRY ST.
CITY-ST-ZIP	MUNCIE, IN 47305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK E. BALL

4-12-07 765-741-5500
Date Daytime Phone #