

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164846

FILED
Mar 17, 2009
Secretary of State

Entity Name: MORTGAGE ASSOCIATES OF SARASOTA, INC.

Current Principal Place of Business:

435 S GULF STREAM 503
SARASOTA, FL 34236

New Principal Place of Business:

435 S GULF STREAM
503
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 683
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 20-3999753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULREY, TOMMIE N
2063 MAIN STREET
100
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

ULREY, TOMMIE N
435 S. GULFSTREAM
503
SARASOTA, FL 34236 US

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:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ULREY, TOMMIE N
Address: 435 S. GULF STREAM, UNIT 503
City-St-Zip: SARASOTA, FL 34236

Title: VP/S (X) Delete
Name: THOMAS, JEANINE R
Address: 12008 SLOUGH RIM RD.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM N. ULREY

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date