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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010424 (5)

1. Corporation Name

CLARK ROAD COMMERCE DISTRICT ASSOCIATION, INC.,
A MAJOR EMPLOYMENT CENTER

Principal Place of Business

Mailing Address

5506 MACINTOSH RD
SARASOTA FL 34230

P.O. BOX 2580
SARASOTA FL 34230-2580



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VAN WINKLE, MARY E
3844 BEE RIDGE RD SUITE 202
SARASOTA FL 34233

3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

4. FEI Number

59-1951801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARTIN, RICHARD C JR
STREET ADDRESS P.O. BOX 2580 1022 Central Ave
CITY-ST-ZIP SARASOTA FL 34230 34230

TITLE D ☐ DELETE

NAME MARTIN, ROBERT D
STREET ADDRESS P.O. BOX 2580 1022 Central Ave
CITY-ST-ZIP SARASOTA FL 34230 34230

TITLE D ☐ DELETE

NAME MORTENSON, DALE
STREET ADDRESS 5681 SARAH AVE
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ DELETE

NAME BERNS, ARNOLD
STREET ADDRESS 4540 CLARK RD
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ DELETE

NAME KAHLENBERG, DIANA
STREET ADDRESS 100 OCEAN PLACE
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ DELETE

NAME SHARFF, MARK
STREET ADDRESS 4926 HUBNER CIRCLE
CITY-ST-ZIP SARASOTA FL 34241

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0434882

CR2E034 (9/96)