

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743149

Entity Name: SARASOTA R/C SQUADRON, INC.**Current Principal Place of Business:**8730 BEE RIDGE RD
SARASOTA, FL 34241**Current Mailing Address:**8730 BEE RIDGE RD
BOX 3
SARASOTA, FL 34241 US**FEI Number:** 59-2641815**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMERON, MIKE
2920 HILLVIEW ST.
SARASOTA, FL 34239 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:** MIKE CAMERON

01/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SUNDHEIMER, STEVE
Address 8730 BEE RIDGE RD
 BOX 3
City-State-Zip: SARASOTA FL 34241

Title VP
Name HASLER, DAVID
Address 8730 BEE RIDGE RD
 BOX 3
City-State-Zip: SARASOTA FL 34241

Title TREASURER
Name DEROY, MARTIN
Address 8730 BEE RIDGE RD
 BOX 3
City-State-Zip: SARASOTA FL 34241

Title SECRETARY
Name CAMERON, MIKE
Address 2920 HILLVIEW ST.
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name BOBB, RICHARD
Address 8730 BEE RIDGE RD
 BOX 3
City-State-Zip: SARASOTA FL 34241

Title DIRECTOR
Name VELTRI, VINCE
Address 8730 BEE RIDGE RD
 BOX 3
City-State-Zip: SARASOTA FL 34241

Title DIRECTOR
Name FONSECA, ALDEN
Address 8730 BEE RIDGE RD
 BOX 3
City-State-Zip: SARASOTA FL 34241

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIKE CAMERON**SECRETARY**

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date