

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746946

Entity Name: SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5098 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234**Current Mailing Address:**5098 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234 US**FEI Number: 59-1964013****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHARPE, PHILIP J MGR
5098 VILLAGE GARDENS DRIVE
SARASOTA, FL 34234 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:** PHILIP J. SHARPE**01/07/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	BRACKEN, MARY A
Address	5070 VILLAGE GARDENS DRIVE
City-State-Zip:	SARASOTA FL 34234

Title	VP
Name	HOCHSTEDLER, CLIFFORD
Address	4957 VILLAGE GARDENS DR
City-State-Zip:	SARASOTA FL 34234

Title	P
Name	POPIELARSKI, KATHI A
Address	4873 VILLAGE GARDENS DR
City-State-Zip:	SARASOTA FL 34234

Title	T
Name	WILLIAMS, ELISE
Address	4773 VILLAGE GARDENS DR
City-State-Zip:	SARASOTA FL 34234

Title	S
Name	CADE, LORELIE
Address	4817 VILLAGE GARDENS DR
City-State-Zip:	SARASOTA FL 34234

Title	D
Name	VANDERVEER, LOWELL W
Address	4962 VILLAGE GARDENS DRIVE
City-State-Zip:	SARASOTA FL 34234

Title	DIRECTOR
Name	LUCAS, VALERIE DIRECTOR
Address	5005 VILLAGE GARDENS DRIVE
City-State-Zip:	SARASOTA FL 34234

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: CLIFFORD W. HOCHSTEDLER

VP

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date