

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004480

**Entity Name:** TSIC OF SARASOTA COUNTY, INC.**Current Principal Place of Business:**2250 MYRTLE STREET  
SARASOTA, FL 34234**Current Mailing Address:**PO BOX 48186  
SARASOTA, FL 34230**FEI Number: 33-1012774****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORBRIDGE, KELLEY ESQ  
240 NOKOMIS AVE. SOUTH  
200  
VENICE, FL 34285 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | CORBRIDGE, C. KELLEY |
| Address         | 240 S. NOKOMIS AVE.  |
| City-State-Zip: | VENICE FL 34292      |

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | SMITH, DAN              |
| Address         | 1800 2ND ST., SUITE 830 |
| City-State-Zip: | SARASOTA FL 34236       |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | D                                  |
| Name            | BRYANT, CHARLES                    |
| Address         | 3277 FRUITVILLE ROAD<br>BUILDING B |
| City-State-Zip: | SARASOTA FL 34237                  |

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | BECHTOLD, LISA    |
| Address         | 5254 WINDING WAY  |
| City-State-Zip: | SARASOTA FL 34242 |

|                 |                                |
|-----------------|--------------------------------|
| Title           | CHAIRMAN                       |
| Name            | ATKINS, SCOTT                  |
| Address         | 50 CENTRAL AVENUE<br>SUITE 750 |
| City-State-Zip: | SARASOTA FL 34236              |

|                 |                               |
|-----------------|-------------------------------|
| Title           | D                             |
| Name            | FIELDS, PAM                   |
| Address         | 1900 MAIN STREET<br>SUITE 302 |
| City-State-Zip: | SARASOTA FL 34236             |

*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: LISA BECHTOLD****EXECUTIVE DIRECTOR****02/01/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date