

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004392

**Entity Name:** ECONOMIC DEVELOPMENT CORPORATION OF SARASOTA  
COUNTY**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC9619734959****Current Principal Place of Business:**1680 FRUITVILLE ROAD  
SUITE 402  
SARASOTA, FL 34236**Current Mailing Address:**1680 FRUITVILLE ROAD  
SUITE 402  
SARASOTA, FL 34236 US**FEI Number:** 20-1133191**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DREELS K, ELLY S OM  
1680 FRUITVILLE ROAD  
SUITE 402  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PAST CHAIR  
**Name** HERSHBERGER, ROD CH  
**Address** 1680 FRUITVILLE ROAD  
SUITE 402  
**City-State-Zip:** SARASOTA FL 34236**Title** S  
**Name** COURTOIS, PATRICIA SECRETA  
**Address** 1680 FRUITVILLE ROAD  
SUITE 402  
**City-State-Zip:** SARASOTA FL 34236**Title** PRES  
**Name** HUEY, MARK PRESIDE  
**Address** 2601 CATTLEMEN ROAD, SUITE 102  
**City-State-Zip:** SARASOTA FL 34232**Title** VC  
**Name** DORSEY, PATRICK  
**Address** 1680 FRUITVILLE ROAD  
SUITE 402  
**City-State-Zip:** SARASOTA FL 34236**Title** TREASURER  
**Name** KUHLMAN, JAMES TREASUR  
**Address** 1858 RINGLING BLVD  
**City-State-Zip:** SARASOTA FL 34236**Title** C  
**Name** FINEBERG, LARRY CHAIR  
**Address** 1680 FRUITVILLE ROAD  
SUITE 402  
**City-State-Zip:** SARASOTA FL 34236**Title** OPERATIONS MANAGER  
**Name** DREELS, KELLY  
**Address** 1680 FRUITVILLE ROAD  
SUITE 402  
**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:** KELLY DREELS**OPERATIONS MANAGER** 01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date