

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006050

Entity Name: CENTER FOR ARCHITECTURE SARASOTA, INC.**Current Principal Place of Business:**265 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**Current Mailing Address:**P. O. BOX 598
SARASOTA, FL 34230-0598 US**FEI Number: 46-3116947****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLENDINNING, RENE M
1990 MAIN STREET, SUITE 801
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:** RENE M. GLENDINNING

02/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, SECRETARY
Name	KEATON, JAMES
Address	3536 EAST FOREST LAKE DRIVE
City-State-Zip:	SARASOTA FL 34232

Title	DIRECTOR, TREASURER
Name	GLENDINNING, RENE M.
Address	1990 MAIN STREET, SUITE 801
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR, CHAIR
Name	LOWE, DAVID K.
Address	2733 FIRST AVENUE WEST
City-State-Zip:	BRADENTON FL 34205

Title	DIRECTOR
Name	TAN, PATRICIA
Address	1601 SHELBURNE LANE
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	HAHN, ANNA
Address	3729 COUNTRYSIDE ROAD
City-State-Zip:	SARASOTA FL 34233

Title	DIRECTOR
Name	DESOUSA, KATHERINE
Address	2060 BROOKHAVEN DRIVE
City-State-Zip:	SARASOTA FL 34239

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: RENE M. GLENDINNING**DIRECTOR**

02/02/2019

Electronic Signature of Signing Officer/Director Detail

Date