

2018 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

01/18/2018

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
Name WALKER, MICHAEL K.
Address 1793 MANGO AVENUE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name LOWE, DAVID K.
Address 47 SOUTH PALM AVENUE, SUITE 207
City-State-Zip: SARASOTA FL 34236

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

Title DIRECTOR
Name GADDIE, CHERYL
Address 4949 COMMONWEALTH DRIVE
City-State-Zip: SARASOTA FL 34242

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

TREASURER

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date