

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16967

Entity Name: SARASOTA TECHNOLOGY USERS GROUP, INC.**Current Principal Place of Business:**3949 SAWYER RD
SARASOTA, FL 34233**Current Mailing Address:**P.O. BOX 15889
SARASOTA, FL 34277-1889 US**FEI Number:** 59-2456855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUTCHINSON, MICHAEL PETER
REGISTERED AGENT
P.O. BOX 15889
SARASOTA, FL 34277-1889 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:** MICHAEL P HUTCHINSON

01/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES, DIRECTOR
Name ROSS, ANN
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

Title DIRECTOR
Name CROWE, WILLIAM
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

Title TREA, DIRECTOR
Name HUTCHINSON, MICHAEL PETER
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

Title DIRECTOR
Name BAYLES, DICK
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

Title DIRECTOR
Name SCHNEIDER, PETER
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

Title 1ST VP, DIRECTOR
Name CERNY, JIM
Address PO BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

Title DIRECTOR
Name GERBER, DAVE
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

Title DIRECTOR
Name POPLOCK, HEWIE
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277-1889

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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: MICHAEL P HUTCHINSON

TREASURER

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name PITTARD, LEAH
Address P.O. BOX 15889
City-State-Zip: SARASOTA FL 34277

Title DIRECTOR
Name KING, DREW
Address 5811 HELICON PL
City-State-Zip: SARASOTA FL 34238