



**Please mail to:**  
City of Sarasota Planning Department  
Attention: Nancy Kelly  
1565 First Street, Room 301  
Sarasota, FL 34236  
Or email to: Nancy.Kelly@SarasotaFL.gov

# ASSOCIATION INFORMATION SHEET

Information listed on this form will be considered public record.

## ASSOCIATION INFORMATION:

Association Name: \_\_\_\_\_

Association Mailing Address: \_\_\_\_\_  
(Street/P.O. Box) (City/State) (Zip Code)

Website (URL): \_\_\_\_\_ Email: \_\_\_\_\_

Boundaries: \_\_\_\_\_  
(North) (South)  
\_\_\_\_\_  
(East) (West)

Are you incorporated in the State of Florida? Yes No If yes, FTIN#: \_\_\_\_\_

# of Parcels/Units: \_\_\_\_\_ # of Members: \_\_\_\_\_ CCNA Member? Yes No

Association Meeting Information: \_\_\_\_\_  
(Date - e.g. "First Monday of the Month") (Time) (Place)

Board Meeting Information: \_\_\_\_\_  
(Date - e.g. "First Monday of the Month") (Time) (Place)

Which of the following best describes your association?

Neighborhood/Community

Business/Merchants

Civic

Condo/Homeowners

Crime/Neighborhood Watch Group

Other: \_\_\_\_\_

## PRESIDENT'S INFORMATION:

Name: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

## ADDITIONAL CONTACT PERSON:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

## PERSON COMPLETING THIS FORM:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_