

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **739926** (4)

1. Corporation Name

THE IVY LEAGUE CLUB, INCORPORATED

Principal Place of Business

Mailing Address

1801 GLENGARY ST
2ND FLOOR
SARASOTA FL 34231
US1801 GLENGARY ST
2ND FLOOR
SARASOTA FL 34231-3604
US3. Date Incorporated or Qualified
08/17/19773a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1825920Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAISER, W.M.
1801 GLENGARY ST..
2ND FLOOR
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|--|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MURPHY, WILLIAM | |
| STREET ADDRESS | 432 EAST ROSSETTI DR | |
| CITY-ST-ZIP | NOKOMIS FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DANA, ARNOLD | |
| STREET ADDRESS | 1503 N LAKESHORE DR | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FLOYD, ALAN A. | |
| STREET ADDRESS | 5880 MIDNIGHT PASS RD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HOPKINS, F. T | |
| STREET ADDRESS | 4909 HIDDEN OAKS TRL | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KAISER, WILLIAM M. JR. | |
| STREET ADDRESS | 1248 NORTHPORT DR | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STAFFORD, EDWIN J. | |
| STREET ADDRESS | POST OFFICE BOX 5716 | |
| CITY-ST-ZIP | SARASOTA FL | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VD |
| 2.3 STREET ADDRESS | Dean F. Bock |
| 2.4 CITY-ST-ZIP | 1304 N. Lake Shore Dr. Sarasota, FL 34231 |
| 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 100002120051 |
| 6.3 STREET ADDRESS | -03/21/97--01008--029 |
| 6.4 CITY-ST-ZIP | ***61.25 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W.M. KAISER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0061008

CR2E037 (9/96)