

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007856

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC2523547720**

**Entity Name:** THE S-CLUB ALUMNI LETTERWINNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2033 MAIN STREET  
SUITE 400  
SARASOTA, FL 34237

**Current Mailing Address:**

2033 MAIN STREET  
SUITE 400  
SARASOTA, FL 34237 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SABA, RICHARD D ESQ.  
2033 MAIN STREET  
SUITE 400  
SARASOTA, FL 34237 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: RICHARD D. SABA**

**04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ALLEN, STANNARD  
Address 1763 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name FOSTER, EDWARD  
Address 1936 W LEEWYNN DRIVE  
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR  
Name PATELLA, PERRY  
Address 2217 LIME OAK COURT  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name RAND, RALPH  
Address P O BOX 557  
City-State-Zip: HOMOSASSA FL 34487

Title DIRECTOR  
Name SABA, RICHARD D  
Address 2033 MAIN STREET  
SUITE 400  
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR  
Name SHUMWAY, ERICK  
Address 1222 QUAIL RUN TRAIL  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name SINGLETON-FULTON, AMY  
Address 3024 MEYER DRIVE  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name SMITH, JOHN E  
Address 2072 29TH STREET  
City-State-Zip: SARASOTA FL 34234

**Continues on page 2**

*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: RICHARD D. SABA**

**DIRECTOR**

**04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            STENGLEIN, JOHN  
Address        P O BOX 1473  
City-State-Zip: SARASOTA FL 34230