DOCUMENT# N11000007856	

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## 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

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

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

The above named	l entity submits this statement for the purpose of changing its	registered office or regis	stered agent, or both, in the State of F	lorida.
SIGNATURE	RICHARD D. SABA			04/29/2016 Date
	Electronic Signature of Registered Agent			
Officer/Dired	ctor Detail :			
Title	DIRECTOR	Title	DIRECTOR	
Name	ALLEN, STANNARD	Name	FOSTER, EDWARD	
Address	1763 BAHIA VISTA STREET	Address	1936 W LEEWYNN DRIVE	
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34240	
Title	DIRECTOR	Title	DIRECTOR	
Name	PATELLA, PERRY	Name	RAND, RALPH	
Address	2217 LIME OAK COURT	Address	P O BOX 557	
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	HOMOSASSA FL 34487	
Title	DIRECTOR	Title	DIRECTOR	
Name	SABA, RICHARD D	Name	SHUMWAY, ERICK	
	2033 MAIN STREET SUITE 400	Address	1222 QUAIL RUN TRAIL	
		City-State-Zip:	SARASOTA FL 34232	
City-State-Zip:	SARASOTA FL 34237	Title		
Title	DIRECTOR			
Name	SINGLETON-FULTON, AMY	Name	SMITH, JOHN E	
Address	3024 MEYER DRIVE		2072 29TH STREET	
City-State-Zip:	SARASOTA FL 34239	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.

DIRECTOR

## SIGNATURE: RICHARD D. SABA

Electronic Signature of Signing Officer/Director Detail

## FILED Apr 29, 2016 Secretary of State CC5142851796

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Certificate of Status Desired: No

04/29/2016 Date

## **Officer/Director Detail Continued :**

TitleDIRECTORNameSTENGLEIN, JOHNAddressP O BOX 1473City-State-Zip:SARASOTA FL 34230