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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720699** (8)

1. Corporation Name

THE SARASOTA UNIVERSITY CLUB, INC.

Principal Place of Business 1805 MAIN ST SARASOTA FL 34236	Mailing Address 1805 MAIN ST SARASOTA FL 34236
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 04/12/1971	4. FEI Number 59-1349647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CONKLIN, BRIGITTE
1805 MAIN STREET
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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 *Brigitte A. Conklin, CDH General Manager* 4/16/98

12. OFFICERS AND DIRECTORS

TITLE	GM	<input type="checkbox"/> DELETE
NAME	CONKLIN, BRIGITTE	
STREET ADDRESS	1332 WEST WAY DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUSTASON, KARIN E.	
STREET ADDRESS	1084 S BRIGGS ST, YMCA FOUND	
CITY - ST - ZIP	SARASOTA FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ARTHUR M.	
STREET ADDRESS	940 CALOOSA DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COVERT, MICHAEL H.	
STREET ADDRESS	1598 PEREGRINE PT DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEISER, LT GEN ROLLAND	
STREET ADDRESS	5700 N TAMAMI TR, NEW COLLEGE FOUND.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REES, WILLIAM B.	
STREET ADDRESS	1891 ROYCE ST	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	Goldberg, Arthur M.
2.4 CITY - ST - ZIP	940 Calossa Drive Sarasota, FL 34234
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PED
3.3 STREET ADDRESS	Covert, Michael H.
3.4 CITY - ST - ZIP	4804 Benchmark Court Sarasota, FL 34238
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	Rees, William B.
4.4 CITY - ST - ZIP	1891 Boyce Street Sarasota, FL 34239
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	Rice, Ernest F.
5.4 CITY - ST - ZIP	454 Meadow Lark Drive Sarasota, FL 34236
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	Cavanaugh, Gerlad J.
6.4 CITY - ST - ZIP	3909 Casey Key Rd Nokomis, FL 34275

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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: *Brigitte A. Conklin* 4/14/98 941-366-5400

CR2E037 (10/97)