


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90004 049 ****61.25

DOCUMENT # 720699 1. Entity Name THE SARASOTA UNIVERSITY CLUB, INC.					
Principal Place of Business 1605 MAIN ST SARASOTA, FL 34236			Mailing Address 1605 MAIN ST SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1349647				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03312004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent NICHOL, TIMOTHY J 1605 MAIN STREET SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM NICHOL, TIMOTHY J 346 MENDEZ DR SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELIETO, LEE 650 GOLDEN GATE #510 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTESON, KAREN PO BOX 49231 SARASOTA, FL 34230		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHMIELESKI, PHILLIP 1901 MORRILL ST SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED CHMIELESKI, PHIL 1819 MAIN STREET SUITE 900 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVANAUGH, GERALD J 3909 CASEY KEY RD NOKOMIS, FL 34275		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED O'NEILL, JOHN P. 1680 FRUITVILLE ROAD SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'NEILL, JOHN P 1680 FRUITVILLE ROAD SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jacalyn Walston</i>			Date <i>4/9/04</i> Daytime Phone # <i>941-366-5400</i>		

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