

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90080 043 \*\*\*\*70.00

**DOCUMENT # 768241**

1. Corporation Name

**SARASOTA SPORTFISHING ANGLERS CLUB, INC.**

Principal Place of Business

3007 WOODPINE CIRCLE  
SARASOTA FL 34231

Mailing Address

3007 WOODPINE CIRCLE  
SARASOTA FL 34231



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

9. Name and Address of Current Registered Agent

**ROGER, REGENSBURG**  
**3007 WOODPINE CIRCLE**  
**SARASOTA FL 34231**

3. Date Incorporated or Qualified

**05/03/1983**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

**ROGER Thomas Regensburg**

**ROGER Thomas Regensburg**

**4/08/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
**LUTZ, PETE**  
STREET ADDRESS **7480 CASS CIRCLE**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE

NAME **T**  
**REGENSBURG, ROGER**  
STREET ADDRESS **3007 WOODPINE CR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **D**  
**LANDRY, MARC**  
STREET ADDRESS **2940 SUNSET BEACH DRIVE**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ DELETE

NAME **D**  
**DOTSON, JERRY**  
STREET ADDRESS **4212 WOODLAND DRIVE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **S**  
**GRASSETT, KAREN**  
STREET ADDRESS **2447 WANETA**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**ROGER Thomas Regensburg**

**4/08/99**

**941-921-1536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)