FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:56

DOCUMENT # 769260 (1)

1. Corporation Name

NOTRE DAME CLUB OF SARASOTA-MANATEE COUNTIES, INC.

Principal Place of Business	Mailing Address
~~1810 MAIN STR~~ 1800 Second St. Suite 103 ~~SARASOTA FL 34230~~ SARASOTA, FL 34236 US	~~PO BOX 267~~ 1800 SECOND ST. SUITE 103 ~~SARASOTA FL 34230-0267~~ SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1983	3a. Date of Last Report: 02/23/1994
4. FEI Number: 31-1075404	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1800 Second St.	26 1800 Second St.
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 103
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip 24 34236 Country 25 U.S.	Zip 29 34236 Country 30 U.S.

9. Name and Address of Current Registered Agent

MARTIN, PETER W.
2014 4TH STREET
SARASOTA FL 34237

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	LYNCH, WILLIAM F	12 NAME	
STREET ADDRESS	2731 72ND STR CT W	13 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	ZIP = 34209
TITLE	VD	21 TITLE	☐ Change ☒ Addition
NAME	MARTIN, PETER W.	22 NAME	
STREET ADDRESS	2014 4TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	ZIP = 34237
TITLE	SD	31 TITLE	☐ Change ☒ Addition
NAME	ROSENBERG, DAVID M	32 NAME	
STREET ADDRESS	4628 HIDDEN FOREST LN	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	ZIP = 34235
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	DONAHUE, JOHN R., JR.	42 NAME	
STREET ADDRESS	~~9022 MIDNIGHT PASS RD #5~~	43 STREET ADDRESS	1800 Second St., Suite 103
CITY-ST-ZIP	~~SARASOTA FL~~	44 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: John R. Donahue Jr. 2-3-95 (813) 364-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003217