


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N00000002450			
1. Entity Name SARASOTA LAWN BOWLING CLUB, INC.			
Principal Place of Business 809 N TAMAMI TRAIL SARASOTA, FL 34236		Mailing Address 809 N TAMAMI TRAIL SARASOTA, FL 34236	
DO NOT WRITE IN THIS SPACE			
		01102008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 65-0989382	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEGEL, JO 4565 RUNABOUT WAY BRADENTON, FL 34203		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOEGEL, JO 4565 RUNABOUT WAY BRADENTON, FL 34203	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOMAR, ALEC 2717 GOLF COURSE DRIVE SARASOTA, FL 34234		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARRISH, SHARON 435 30TH AVE W, #312D BRADENTON, FL 34205		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIVSEY, FRANK 1307 HIGHLAND GREENS DRIVE VENICE, FL 34285		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>FRANK LIVSEY</u> 1/14/08 941-497-5193			