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

## FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # N0400009047  1. Entity Name UNIVERSITY OF MICHIGAN CLUB OF SOUTHWEST FLORIDA, INC.						04-21-200	8 90104 0:	28 ****61	25
	e of Business AN BAY BLVD., STE. 600 34108	Mailing Address 5811 PELICAN BAY BLV NAPLES, FL 34108	D., STE. 600	) .,;					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Porter Wright Morris Arthur Suite, Apt. #, etc.		Porter Wright Morris Arth   Suite, Apt. #, etc.		Arthur	1				
5801 Pelican Bay Blvd #300		5801 Pelican Bay Blvd #300		a #300	01212008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Numbe 41-215				oplied For
Naples,		Naples, FL	Country		41-213	4003			ot Applicable
Zip 34108	Country	34108	Country		5. Certificate	of Status Desire	d 🗀	\$8.75 Add Fee Require	
5,100	6. Name and Address of Current	<u> </u>			7. Name and	Address of Nev	v Registered	Agent	-
STOMMEL ROBERT				ame orter Wright Morris & Arthur LLP					
STOMMEL, ROBERT 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108			Stre	Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Blvd., Suite 300					
	4		City Na	y ples			FL	Zip Cod - 3410	
	named entity submits this statement for	the purpose of changing its r	egistered offi	ice or register	red agent, or bot	h, in the State of	Florida. I am		
the obligat	tions of registered agent.	71 0							
SIGNATURE .	(  eluste	50ml		Robe	ert Ston	<u>mel</u>	4-18-0	8	
	Clanding hand or protect name of idojetorod agent to	and title 4 spoiscable /MOTE:	Registered Agent	signatura reguired	(when reinetations)		DATE		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent	signature required	1 when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financi		\$5.00 May B Added to Fees	e F		k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financi entribution.	ing	\$5.00 May B	F	Make chec lorida Depai	RECTORS IN	tate
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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 their like explayered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR MXOFFICER

18/08 239-593-2961

Daytime Phone #