




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90104 028 ****61.25

DOCUMENT # N04000009047			
1. Entity Name UNIVERSITY OF MICHIGAN CLUB OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108		Mailing Address 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box # Porter Wright Morris Arthur Suite, Apt. #, etc. 5801 Pelican Bay Blvd #300 City & State Naples, FL Zip 34108		3. Mailing Address Porter Wright Morris Arthur Suite, Apt. #, etc. 5801 Pelican Bay Blvd #300 City & State Naples, FL Zip 34108	
		01212008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 41-2154883	
		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 STOMMEL, ROBERT 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Porter Wright Morris & Arthur LLP Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Blvd., Suite 300 City Naples FL Zip Code 34108	
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 		Robert Stommel 4-18-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) 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	
		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	D BENSON, RICHARD 6557 RIDGEWOOD DR. NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUST, ED 80 SOUTHPORT COVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brust, Ed 80 Southport Cove Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHEVIN, KENNETH 2016 MISSION DRIVE NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, R. MAX 461 FOX DEN CIRCLE NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SLEBODNIK, KATHLEEN 32 PEBBLE BEACH BLVD. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slebodnik, Kathleen 32 Pebble Beach Blvd. Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, MARGARET 800 AMBIANCE CIR., #102 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hanson, Margaret 800 Ambiance Cir., #102 Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MAX OFFICER 4/18/08 239-593-2961	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	