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Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09154 (8)

1. Corporation Name

WISCONSIN ALUMNI ASSOCIATION OF SARASOTA-MANATEE  
INC.

Principal Place of Business

Mailing Address

C/O ALLAN E. JONES  
3665 BEE RIDGE RD #110  
SARASOTA FL 34233-1048C/O ROBERT BOGER  
1262 SPOONBILL LANDING CIRCLE  
BRADENTON FL 34209-7371  
US3. Date Incorporated or Qualified  
05/08/19853a. Date of Last Report  
02/07/19964. FEI Number  
65-0039321Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIS ALUMNI ASSOC OF SARASOTA MANATEE INC  
1262 SPOONBILL LANDINGS CIRCLE  
3665 BEE RIDGE RD #110  
BRADENTON FL 34209

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BITTNER, CONRAD  
STREET ADDRESS 4818 COUNTRY CLUB DRIVE  
CITY - ST - ZIP SARASOTA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE ST ☐ DELETE  
NAME CAHOON, BEA  
STREET ADDRESS 1122 MALLOREA DR.  
CITY - ST - ZIP BRADENTON FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE ST ☐ DELETE  
NAME BOGER, ROBERT  
STREET ADDRESS 1262 SPOONBILL LANDINGS CIRCLE  
CITY - ST - ZIP BRADENTON FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE P ☐ DELETE  
NAME CHAPMAN, MARILOU  
STREET ADDRESS 1511 SCARLET OAK LANE  
CITY - ST - ZIP BRADENTON FL4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE VP ☐ DELETE  
NAME WILLIS, BILL  
STREET ADDRESS 604 JACAPANDA ROAD  
CITY - ST - ZIP ANNA MARIA FL5.1 TITLE P ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME OSTERHELD, DOUGLAS  
STREET ADDRESS 1501 WATER OAK WAY  
CITY - ST - ZIP BRADENTON FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-8625

CR2E037 (9/96)