


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N09154 (8)</b>	
1. Corporation Name <b>WISCONSIN ALUMNI ASSOCIATION OF SARASOTA-MANATEE, INC.</b>	

Principal Place of Business <b>C/O ALLAN E. JONES 3665 BEE RIDGE RD #110 SARASOTA FL 34233-1048</b>	Mailing Address <b>C/O ROBERT BOGER 1262 SPOONBILL LANDING CIRCLE BRADENTON FL 34209 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent <b>WIS ALUMNI ASSOC OF SARASOTA MANATEE INC 1262 SPOONBILL LANDINGS CIRCLE 3665 BEE RIDGE RD #110 BRADENTON FL 34209</b>
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3. Date Incorporated or Qualified <b>05/08/1985</b>	
4. FEI Number <b>05-0098321</b>	Applied For <b>[REDACTED]</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name <b>WIS. ALUMNI ASSOC OF SARASOTA-MANATEE INC</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1262 SPOONBILL LANDINGS CIRCLE</b> 83 City <b>BRADENTON</b> FL 84 Zip Code <b>34209</b>
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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 Kathleen Cahill Kathleen Cahill DATE 3/18/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D BITTNER, CONRAD</b>
STREET ADDRESS	<b>4818 COUNTRY CLUB DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST CAHOON, BEA</b>
STREET ADDRESS	<b>1122 MALLOREA DR.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST BOGER, ROBERT</b>
STREET ADDRESS	<b>1262 SPOONBILL LANDINGS CIRCLE</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CHAPMAN, MARLOU</b>
STREET ADDRESS	<b>1511 SCARLET OAK LANE</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P WILLIS, BILL</b>
STREET ADDRESS	<b>604 JACAPANDA ROAD</b>
CITY-ST-ZIP	<b>ANNA MARIA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D OSTERHELD, DOUGLAS</b>
STREET ADDRESS	<b>1501 WATER OAK WAY</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TREAS DE VOS, DOUGLAS</b>
1.3 STREET ADDRESS	<b>7713 - 4TH AVE WEST</b>
1.4 CITY-ST-ZIP	<b>BRADENTON, FL. 34209</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VICE PRES SORENSON, JUANITA</b>
6.3 STREET ADDRESS	<b>4310 PALMOUTH DR - # A-104</b>
6.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL. 34228</b>

14. I 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: Robert A. Boger Robert A. Boger DATE 2-12-98 (940)  
794-8625

(NOTE: Signature and typed or printed name of signing officer or director required)

CP2E037 (10/97)