


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90192 024 \*\*\*\*61.25

<b>DOCUMENT # N28568</b> 1. Entity Name <b>THE DARTMOUTH CLUB OF SARASOTA, INC.</b>					
Principal Place of Business <b>ICARD, MERRILL, CULLIS, TIMM (ATTN: HOPKINS)</b> <b>2033 MAIN STREET, SUITE 600</b> <b>SARASOTA, FL 34237</b>			Mailing Address <b>ICARD, MERRILL, CULLIS, TIMM (ATTN: HOPKINS)</b> <b>2033 MAIN STREET, SUITE 600</b> <b>SARASOTA, FL 34237</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0071737</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ICARD, MERRILL, CULLIS, TIMM, FUREN &amp; GINSBURG</b> <b>ATTN: F. THOMAS HOPKINS, III</b> <b>2033 MAIN STREET, SUITE 600</b> <b>SARASOTA, FL 34237</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, ROGER H		NAME	Kleinschmidt, Philip L.	
STREET ADDRESS	5348 SHADOW LAWN DRIVE		STREET ADDRESS	6728 Masters Ave.	
CITY-ST-ZIP	SIESTA, FL 34242		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDER, MICHAEL R		NAME	Pender, Michael R.	
STREET ADDRESS	6639 WATERFORD LANE		STREET ADDRESS	6639 Waterford Lane	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, WILLIAM T		NAME	Robbins, William T.	
STREET ADDRESS	32 BAY HEAD LANE		STREET ADDRESS	32 Bay Head Lane	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	RICE, ERNEST F.		NAME		
STREET ADDRESS	454 MEADOW LARK DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	HOPKINS, F. THOMAS III		NAME		
STREET ADDRESS	4909 HIDDEN OAKS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232041		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wellstead, William R.	
STREET ADDRESS			STREET ADDRESS	9610 53rd Drive East	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34211	
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.					
<b>SIGNATURE:</b> <i>F. Thomas Hopkins III</i>			1/9/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			941-953-8109		
			Daytime Phone #		