2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N28568

1. Entity Name
THE DARTMOUTH CLUB OF SARASOTA, INC.

Principal Place of Business	Mailing Address
ICARD,MERRILL,CULLIS,TIMM(ATTN: HOPKINS) 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	ICARD,MERRILL,CULLIS,TIMM(ATTN: HOPKINS) 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0071737

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ICARD,MERRILL,CULLIS,TIMM,FUREN & GINSBURG
ATTN: F. THOMAS HOPKINS,III
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELLSTEAD, WILLIAM R MR.
STREET ADDRESS	9610 53RD DRIVE EAST
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	VD
NAME	CLARKE, GARVEY E MR.
STREET ADDRESS	8086 STERLING FALLS CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	SD
NAME	CRAWFORD, BRUCE B MR.
STREET ADDRESS	3413 HIGHLANDS BRIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	D
NAME	HUCK, ALEX MR.
STREET ADDRESS	8218 ABINGDON CT.
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	TD
NAME	HOPKINS, F THOMAS MR.
STREET ADDRESS	4909 HIDDEN OAKS TRAIL
CITY-ST-ZIP	SARASOTA, FL 342323041
TITLE	D
NAME	STEINWACHS, JEFFREY P
STREET ADDRESS	3440 GULFMEAD DRIVE
CITY-ST-ZIP	SARASOTA, FL 34242

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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 other like empowered.

SIGNATURE: _____, Director 01/04/08 943-953-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F. Thomas Hopkins, Director