

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29830

1. Corporation Name

ROTARY CLUB OF SARASOTA SUNSET INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

12/21/1988

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

21 c/o David N. Hand

2a. Mailing Address

26 c/o David N. Hand

22 Suite, Apt. #, etc.  
1800 Second St. #900

27 Suite, Apt. #, etc.  
1800 Second St. #900

23 City & State  
Sarasota FL

28 City & State  
Sarasota FL

24 Zip  
34236

25 Country  
US

29 Zip  
34236

30 Country  
US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAND, DAVID N.  
1800 SECOND STREET  
SUITE 900  
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600001913606  
-08/06/96--01074--018

84 City

\*\*\*61.25

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

T  
Ben Bond  
962 Sunridge Drive  
Sarasota FL 34243

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

P  
Michael Eddy  
5637 Colonial Oak Blvd.  
Sarasota FL 34232

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

S  
Freddy Canesse  
2498 Burr Oak Ct  
Sarasota FL 34232

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

D  
David Hand  
2243 E. Cork Oak St.  
Sarasota FL 34232

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

D  
Frank Ficarra  
2663 Woodgate Lane  
Sarasota FL 34231

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

D  
Lynn Quartermaine  
5749 Brittania Drive  
Sarasota FL 34231

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David Hand, Registered Agent and Director  
7-30-96 951-0659

Date

Daytime Phone

CR2E037 (3/96)