

**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**

4. FEI Number  
**65-0120936**

Applied For  
Not Applicable

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

2. Principal Place of Business  
21 **c/o David N. Hand**

2a. Mailing Address  
26 **c/o David N. Hand**

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

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

City & State  
23 **Sarasota FL**

City & State  
28 **Sarasota FL**

Zip Country  
24 **34236 US**

Zip Country  
29 **34236 US**

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**600001913606**  
83 **-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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ben Bond	
1.3 STREET ADDRESS	962 Sunridge Drive	
1.4 CITY - ST - ZIP	Sarasota FL 34243	
2.1 TITLE	R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Eddy	
2.3 STREET ADDRESS	5637 Colonial Oak Blvd.	
2.4 CITY - ST - ZIP	Sarasota FL 34232	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Freddy Canesse	
3.3 STREET ADDRESS	2498 Burr Oak Ct	
3.4 CITY - ST - ZIP	Sarasota FL 34232	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Hand	
4.3 STREET ADDRESS	2243 E. Cork Oak St.	
4.4 CITY - ST - ZIP	Sarasota FL 34232	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Frank Ficarra	
5.3 STREET ADDRESS	2663 Woodgate Lane	
5.4 CITY - ST - ZIP	Sarasota FL 34231	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lynn Quartermaine	
6.3 STREET ADDRESS	5749 Britannia Drive	
6.4 CITY - ST - ZIP	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, Reg. Agent & Dir.* Date: **7-30-96** Phone: **951-0659**

CR2E037 (3/96)