


FILED
Apr 23, 1999 8:00 am
Secretary of State

0000237

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29830

1. Corporation Name
ROTARY CLUB OF SARASOTA SUNSET INC.

Principal Place of Business
C/O DAVID N. HAND
1800 SECOND STREET #900
SARASOTA FL 34236

Mailing Address
C/O DAVID N. HAND
1800 SECOND STREET #900
SARASOTA FL 34236

2. Principal Place of Business
21 290 COCONUT AVE.
Suite, Apt. #, etc.
City & State
23 SARASOTA, FLA.
Zip Country
24 34236 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
City & State
28
Zip Country
29 30

9. Name and Address of Current Registered Agent

81 Name
82 Street Address
83
84 City

BOND, BENJAMIN J
290 COCONUT AVENUE
SARASOTA FL 34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FICARRA, FRANK
2663 WOODGATE LANE
SARASOTA FL 34231

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DD
EDDY MICHAEL
5637 COLONIAL OAKS BLVD
SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
BOND, BENJAMIN J
290 COCONUT AVENUE
SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BP
2121 MAIN ST. - STE A.
SARASOTA FL 34237

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: BENJAMIN J. BOND 4/20/99 941-451-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1.1/98)