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Apr 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 290 COCOANUT AVE.	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 12/21/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0120936
City & State 23 SARASOTA, FLA.	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34236	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BOND, BENJAMIN J 290 COCOANUT AVENUE SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (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	D	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FICARRA, FRANK	1.2 NAME	
STREET ADDRESS	2663 WOODGATE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	MD	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY MICHAEL	2.2 NAME	
STREET ADDRESS	5637 COLONIAL OAKS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	DT	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOND, BENJAMIN J	3.2 NAME	
STREET ADDRESS	290 COCOANUT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	BP	4.1 TITLE	Director / PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2121 MAIN ST. - STE. A	4.2 NAME	J. WILLIAM WALCH
STREET ADDRESS	SARASOTA, FLA. 34237	4.3 STREET ADDRESS	2121 Main St. - Ste. A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota, Fla 34237
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **BENJAMIN J. BOND** Date 4/20/99 Daytime Phone # 941-951-1883

CR2E037 (1/1/98)