FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35438 (3)

1. Corporation Name
SWEDISH CLUB OF SARASOTA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21722 SARASOTA FL 34276	P.O. BOX 21722 SARASOTA FL 34276

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0164309 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SANDSTROM, ULF
1722 NORTH DRIVE
SARASOTA FL FL 34239

10. Name and Address of New Registered Agent

81 Name SWANSON, RAGNAR
82 Street Address (P.O. Box Number is Not Acceptable) 5409 PLAZA DE LAS PALMAS
83
84 City SARASOTA FL 85 Zip Code 34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Ragnar Swanson 1-17-95
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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SANDSTROM, ULF	1.2 NAME	JUDY BOCKMAN
STREET ADDRESS	1722 NORTH DRIVE	1.3 STREET ADDRESS	307 BOBBY JONES RD
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL. 34237
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	MAYNARD, DON	2.2 NAME	BARBARA SWANSON
STREET ADDRESS	4023 17TH AVE DR W	2.3 STREET ADDRESS	5409 PLAZA DE LAS PALMAS
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	SARASOTA FL. 34242
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	BOCKMAN, JUDY	3.2 NAME	DON MAYNARD
STREET ADDRESS	307 BOBBY JONES RD	3.3 STREET ADDRESS	5551 COLLETTO DR.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL. 34242
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	SWANSON, BARBARA	4.2 NAME	RAGNAR SWANSON
STREET ADDRESS	5409 PLAZA DE LAS PALMAS	4.3 STREET ADDRESS	5409 PLAZA DE LAS PALMAS
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA FL. 34242
TITLE	D	5.1 TITLE	D. ☒ Change ☐ Addition
NAME	FREEBERG, CONNIE	5.2 NAME	LEARHARD FREITRAM
STREET ADDRESS	5858 MIDNIGHT PASS RD UNIT 54	5.3 STREET ADDRESS	4814 POST POINT DR
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA FL. 34233
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	GIANNIOTES, KERSTIN	6.2 NAME	WILLIAM OLSON
STREET ADDRESS	1401 36TH ST W	6.3 STREET ADDRESS	2123 TIMUKUA TRAIL
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	HOKOMA, FL. 34275

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)(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.

SIGNATURE: Ragnar Swanson RAGNAR SWANSON 1-17-95 813-349-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064004