

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35438 (3)

1. Corporation Name

SWEDISH CLUB OF SARASOTA, INC.

Principal Place of Business

P.O. BOX 21722
SARASOTA FL 34276

Mailing Address

P.O. BOX 21722
SARASOTA FL 34276



3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

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

**SWANSON, RAGHAR
5409 PLAZA DE LAS TAWAS
SARASOTA FL FL 34239**

81 Name **Roger Wallstadt**
82 Street Address (P.O. Box Number is Not Acceptable)
3960 Kingston Drive
83
84 City **Sarasota** FL 85 Zip Code
34238

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)

March 20, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOCKMAN, JUDY	
STREET ADDRESS	307 BOBBY JONES RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, BARBARA	
STREET ADDRESS	5409 PLAZA DE LAS PALMAS	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MAYHARD, DON	
STREET ADDRESS	5551 COUTELITO DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, RAGNAR	
STREET ADDRESS	5409 PLAZA DE LAS PALMAS	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRISTROM, LEORHARD	
STREET ADDRESS	4814 PEAT PT DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, WILLIAM	
STREET ADDRESS	2123 TIMUKUA TRL	
CITY-ST-ZIP	HOKANIS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HANSSON, Sten
2.3 STREET ADDRESS	3619 Country Place Blvd
2.4 CITY-ST-ZIP	Sarasota, FL 34233
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SWANSON, RAGNAR
3.3 STREET ADDRESS	5409 Plaza de las Palmas
3.4 CITY-ST-ZIP	Sarasota, FL 34242
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WOLLSTADT, ROGER
4.3 STREET ADDRESS	3960 Kingston Drive
4.4 CITY-ST-ZIP	Sarasota, FL 34238
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fristrom, Leonard
5.3 STREET ADDRESS	4814 Post Pointe Dr
5.4 CITY-ST-ZIP	Sarasota, FL 34233
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Beckman, Agnes
6.3 STREET ADDRESS	5736 Augusta Court
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996 941-925-0494

CR2E037 (12/95)