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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

11/27/1989

4. FEI Number

65-0164309

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLLSTADT, ROGER  
3980 KINGSTON DR  
SARASOTA FL FL 34238

81 Name

LEONARD B FRISTROM

82 Street Address (P.O. Box Number is Not Acceptable)

4814 POST POINTE DRIVE

83

SARASOTA FL 34233

84 City

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

2/12/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSSON, STEN	
STREET ADDRESS	3619 COUNTRY PLACE BLVD	
CITY-ST-ZIP	SARASOTA FL 34232	Pres

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WOLLSTADT, ROGER	
STREET ADDRESS	3980 KINGSTON DR	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRISTROM, LEONARD	
STREET ADDRESS	4814 PEAT PT DR	
CITY-ST-ZIP	SARASOTA FL 34233	Treas

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKMAN, AGNES	
STREET ADDRESS	5736 AUGUSTA COURT	
CITY-ST-ZIP	HOUSTON FL	Secy

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	<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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Leonard B. Fristrom, Treas.

2/12/98

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