

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90021 004 \*\*\*\*61.25



**DOCUMENT # N49836**  
 1. Entity Name  
**SARASOTA OUTBOARD CLUB, INC.**

Principal Place of Business  
 1604 KEN THOMPSON PKWY.  
 SARASOTA, FL 34277 US

Mailing Address  
 P.O. BOX 5172  
 SARASOTA, FL 34277 US



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALBURN, JULIE**  
**5424 ANTOINETTE ST**  
**SARASOTA, FL 34232**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julie Walburn Treasurer 1/14/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD MCGRATH, PAULA 5066 INDIAN MOUND ST SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	Walburn, Julie 5424 Antoinette St. Sarasota, Fl. 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVIN, TINA 904 BLVD OF THE ARTS SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	P NAME STREET ADDRESS CITY-ST-ZIP	Tina Lovin 904 Blvd. of the Arts Sarasota, Fl. 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEASLEY, DAWN 2233 SHADOW WOOD LN SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY-ST-ZIP	Debbie Mandrich 3847 Kingston Blvd. Sarasota, Fl. 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, MARYANNE 2592 JEFFERSON CIRCLE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	S NAME STREET ADDRESS CITY-ST-ZIP	Sheila Dahlberg 5194 Indian Mound St. Sarasota, Fl. 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Walburn 1/14/08 377-8407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #