2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N97000003967

Entity Name: SMITH COLLEGE CLUB OF SARASOTA, INC.

Current Principal Place of Business:

7325 VILLA D'ESTE DRIVE
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

7325 VILLA D'ESTE DRIVE
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 59-6219188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARMELEE, KALO W TREAS.
7325 VILLA D'ESTE DRIVE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARKIN, SHEILA R PD
Address: 4348 CAMINO MADERA
City-St-Zip: SARASOTA, FL 34238 US

Title: SD ( ) Delete
Name: COPPIN, STEVIE
Address: P.O. BOX 1137-519 BAYVIEW PLACE
City-St-Zip: ANNA MARIA, FL 34216

Title: CSD ( ) Delete
Name: SMYTH, CYNTHIA O CSD
Address: 1290 HIDDEN HARBOR WAY
City-St-Zip: SARASOTA, FL 34242 US

Title: VPD ( ) Delete
Name: CALTAGIRONE, KATHLEEN B VP
Address: 8770 MIDNIGHT PASS ROAD #404B
City-St-Zip: SARASOTA, FL 34242 US

Title: TD ( ) Delete
Name: PARMELEE, KALO W T
Address: 7325 VILLA D'ESTE DRIVE
City-St-Zip: SARASOTA, FL 34238 US

Title: D ( ) Delete
Name: JEFFERS, JOANNE B D
Address: 1309 S ORANGE AVE.
City-St-Zip: SARASOTA, FL 34239 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CS (X) Change ( ) Addition
Name: JEFFERS, JOANNE B CS
Address: 1309 S. ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34238 US

Title: VPD (X) Change ( ) Addition
Name: STRINGER, SUSIE G VPD
Address: P O BOX 996
City-St-Zip: BOCA GRANDE, FL 33921 US

Title: SD (X) Change ( ) Addition
Name: SMYTH, CYNTHIA O SD
Address: 1290 HIDDEN HARBOR WAY
City-St-Zip: SARASOTA, FL 34242 US

Title: PD (X) Change ( ) Addition
Name: CALTAGIRONE, KATHLEEN B PD
Address: 8770 MIDNIGHT PASS ROAD #404B
City-St-Zip: SARASOTA, FL 34242 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change ( ) Addition
Name: SCHIRBER, ANNAMARIE R MD
Address: 1505 DANFORTH LANE
City-St-Zip: OSPREY, FL 34229 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KALO WILCOX PARMELEE TD 04/04/2009

Electronic Signature of Signing Officer or Director — Date