2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90021 006 ****61.25

DOCUMENT # 702826

1. Entity Name
ANCLOTE KEY SAIL AND POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
BAYWOOD VILLAGE CLUB 305 WESTWINDS DR PALM HARBOR, FL 34683	2417 GROVE RIDGE DR PALM HARBOR, FL 34683

03242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
GULF HARBORS YACHT CLUB	
Suite, Apt. #, etc.: 3926 MARINE PARKWAY	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State
Zip: 34652 Country	Zip Country

4. FEI Number: 59-0152365 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, WILLIAM T 231 MARINER DR TARPON SPRINGS, FL 34689	Name: MARY LOU MIELKE Street Address (P.O. Box Number is Not Acceptable): 2417 GROVE RIDGE DR. PALM HARBOR City: FL Zip Code: 34683

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: Mary Lou Mielke MARY LOU MIELKE 3-28-06
Signature, type 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, 2006

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	D LINDEMAN, BERNARD 4417 FLORAMAR TERR NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIELKE, HOWARD 2417 GROVE RIDGE DR PALM HARBOR, FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRANE, JOEL 2431 INDIAN TRAIL EAST PALM HARBOR, FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAM, MARTIN 231 MARINER DR TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADMINISTRATIVE OFFICER RALPH WESEMAN 9562 WEST SHORE DRIVE NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MIELKE, MARY LOU 2417 GROVE RIDGE DR PALM HARBOR, FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CALVE, JANET 112 COLONY SOUTH DR TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JUDITH DEMEGNO 4820 MUSSELSHELL DRIVE NEW PORT RICHEY, FL 34655 ☐ Change ☒ 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: Mary Lou Mielke MARY LOU MIELKE 3-28-06 (727) 785-7923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #