2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 22, 2008 8:00 am
Secretary of State
04-18-2008 90028 022 ****61.25

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DOCUMENT # 702826

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

Principal Place of Business	Mailing Address
GULF HARBORS YACHT 3926 MARINE PKWY CLUB NEW PORT RICHEY, FL 34652	2417 GROVE RIDGE DR PALM HARBOR, FL 34683

03132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 1666
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tarpon Springs, FL
Zip / Country	Zip: 34688-1666 / Country: USA

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
MIELKE, MARYLOU 2417 GROVE RIDGE DR PALM HARBOR, FL 34683	Name: Suzanne Krane Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 1666~~ 2431 INDIAN TRAIL E. City: ~~Tarpon Springs~~ Palm Harbor FL Zip Code: 34683 ~~34688-1666~~

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: Suzanne L. Krane SUZANNE L. KRANE 4/15/08
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	D LINDEMAN, BERNARD 4417 FLORAMAR TERR NEW PORT RICHEY, FL 34652	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alexander, Topchy 7106 Waxwing Dr. New Port Richey, FL 34653	☑ 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	AO LICHTY, JAMES 4240 BUENA VISTA HOLIDAY, FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	SUZANNE KRANE 2431 Indian Trail E. Palm Harbor, FL 34683	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEMEGLIO, JUDITH 4820 MUSSELSHELL DR NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Joel M. Krane Joel M. Krane 4/15/08 727-785-7851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #