

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702826

FILED
Apr 10, 2012
Secretary of State

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

Current Principal Place of Business:

4240 BUENA VISTA
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

PO BOX 1666
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-6152365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIELKE, MARY LOU
2417 GROVE RIDGE DR.
PALM HARBOR, FL 34683 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: C
Name: LINES, DONNA
Address: 4240 BUENA VISTA
City-St-Zip: HOLIDAY, FL 34691

Title: EO
Name: LICHTY, JAMES N
Address: 4240 BUENA VISTA
City-St-Zip: HOLIDAY, FL 34691

Title: AO
Name: MISKA, JOSEPH E
Address: 1204 BLACKRUSH DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: EO
Name: MIELKE, HOWARD
Address: 2417 GROVE RIDGE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: T
Name: MIELKE, MARY LOU
Address: 2417 GROVE RIDGE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: S
Name: DEMEGLIO, JUDITH
Address: 4820 MUSSELSHELL DR
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: MARY LOU MIELKE

TREA

04/10/2012

Electronic Signature of Signing Officer or Director

Date