


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90007 009 ****61.25

DOCUMENT # 742645			
1. Entity Name PONCE DE LEON INLET SAIL AND POWER SQUADRON, INC.			
Principal Place of Business 2021 WATERFORD EST. DR NEW SMYRNA BCH, FL 32168 US		Mailing Address 2021 WATERFORD EST. DR NEW SMYRNA BCH, FL 32168 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1695087		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLEN, LINDA C 2021 WATERFORD EST. DR NEW SMYRNA BCH, FL 32168		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME HORNSBERGER, ELLIS STREET ADDRESS 11 LAUGHING GULL LN. CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE PD NAME MYERS, WILLIAM R. STREET ADDRESS 2572 LA PAZ CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME ALLEN, LINDA C STREET ADDRESS 2021 WATERFORD ESTATES DR. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME JOHNSON, ROBERT D STREET ADDRESS 353 HEARTHSTONE TER CITY-ST-ZIP PORT-ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE DV NAME MOSES, CLAUDE S. STREET ADDRESS 21 PELICAN LANE CITY-ST-ZIP EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME KEICHERT, ELAINE STREET ADDRESS 891 SNOOK AVE. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE DV NAME MINER, DAVID STREET ADDRESS 605 PENINSULA AVE. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BUSHNELL, SANDY STREET ADDRESS 310 RIVERSIDE DR. CITY-ST-ZIP EDGEWATER, FL 32132	<input type="checkbox"/> Delete	TITLE S NAME BENNY, DENISE STREET ADDRESS 2319 UMBRELLA TREE DR. CITY-ST-ZIP EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WHITE, TOM STREET ADDRESS 124 ARBOR LANE CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE T NAME RIECK, JOHN H. STREET ADDRESS 615 YUPON AVE. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Linda C. Allen</i>		LINDA C. ALLEN 1/20/04 386-423-1945	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	