2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90104 018 ****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

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1695087 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ALLEN, LINDA C
2021 WATERFORD EST. DR
NEW SMYRNA BCH, FL 32168

7. Name and Address of New Registered Agent
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 _____
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, 2005

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	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	MYERS, WILLIAM R		NAME	Myers, William R	
STREET ADDRESS	2572 LA PAZ		STREET ADDRESS	224 Los Damos	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	Edgewater, Fl. 32141	
TITLE	DV	☐ Delete	TITLE	DV	☑ Change ☐ Addition
NAME	ALLEN, LINDA C		NAME	Johnson, Robert D.	
STREET ADDRESS	2021 WATERFORD ESTATES DR.		STREET ADDRESS	353 Hearthstone Terrace,	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	Port Orange Fl 32127	
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOSES, CLAUDE S		NAME		
STREET ADDRESS	21 PELICAN LANE		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP		
TITLE	S	☑ Delete	TITLE	S	☑ Change ☐ Addition
NAME	MINER, DAVID		NAME	Richards, Thomas	
STREET ADDRESS	605 PENINSULA AVE		STREET ADDRESS	6336 River Road	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, Fl 32169	
TITLE	S	☑ Delete	TITLE	S	☑ Change ☐ Addition
NAME	BUSHNELL, SANDY		NAME	Crouse, Dorene	
STREET ADDRESS	2319 UMBRELLA TREE DR.		STREET ADDRESS	369 Routh Ave.,	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	New Smyrna Beach Fl. 32168	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RIECK, JOHN H		NAME		
STREET ADDRESS	615 VUPON AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		

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: John H. Rieck 3/11/05 (386)427-0514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #