

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 033 ****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**

40001211



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1695087

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**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

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, 2007**

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
NAME REICHERT, PAUL E
STREET ADDRESS 891 SNOOK AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME JOHNSON, ROBERT D
STREET ADDRESS 353 HEARTHSTONE TERRACE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME BENNY, WILLIAM C
STREET ADDRESS 2319 UMBRELLA TREE DR
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME RICHARDS, THOMAS
STREET ADDRESS 6336 RIVER ROAD
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☒ Change ☐ Addition
NAME **LORA MOSES**
STREET ADDRESS **21 PELICAN LANE**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE S ☐ Delete
NAME COURAGE, MYRNA M
STREET ADDRESS 1600 N ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ALLEN, LINDA C
STREET ADDRESS 2021 WATERFORD ESTATE DR
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda C. Allen **LINDA C ALLEN** 1/8/07 386-423-1945