

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742645

FILED
Jan 13, 2009
Secretary of State

Entity Name: PONCE DE LEON INLET SAIL AND POWER SQUADRON, INC.

Current Principal Place of Business:

2021 WATERFORD EST. DR
NEW SMYRNA BCH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

2021 WATERFORD EST. DR
NEW SMYRNA BCH, FL 32168 US

New Mailing Address:

FEI Number: 59-1695087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, LINDA C
2021 WATERFORD EST. DR
NEW SMYRNA BCH, FL 32168 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: PD () Delete
Name: REICHERT, PAUL E
Address: 891 SNOOK AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DV () Delete
Name: ALOISE, MICHAEL J
Address: POB 114
City-St-Zip: EDGEWATER, FL 32132

Title: DV () Delete
Name: BENNY, WILLIAM C
Address: 2319 UMBRELLA TREE DR
City-St-Zip: EDGEWATER, FL 32141

Title: DV () Delete
Name: SISSON, STAN
Address: 2934 NEEDLES PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: S () Delete
Name: COURAGE, MYRNA M
Address: 1600 N ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: ALOISE, VICKI G
Address: POB 114
City-St-Zip: EDGEWATER, FL 32132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALOISE, MICHAEL J
Address: POST OFFICE BOX 114
City-St-Zip: EDGEWATER, FL 32132

Title: DV (X) Change () Addition
Name: SISSON, STAN
Address: 2934 NEEDLE PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SISSON, JOYCE
Address: 2934 NEEDLES PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA C ALLEN

Electronic Signature of Signing Officer or Director

RA

01/13/2009

Date