


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90041 003 ****61.25

DOCUMENT # N05000009191	
1. Entity Name SEBASTIAN INLET SAIL AND POWER SQUADRON, INC.	

Principal Place of Business 1519 CLEARBROOK STREET SEBASTIAN, FL 32958- 6135	Mailing Address 1519 CLEARBROOK STREET SEBASTIAN, FL 32958- 6135
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2. Principal Place of Business - No P.O. Box # 724 N. FISCHER CIR. Suite, Apt. #, etc.	3. Mailing Address 724 N. FISCHER CIR. Suite, Apt. #, etc.
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City & State SEBASTIAN, FL	City & State SEBASTIAN, FL	4. FEI Number 75-3070045	Applied For <input type="checkbox"/> Not Applicable
Zip 32958-4623	Country INDIAN RIVER	Zip 32958-4623	Country INDIAN RIVER

6. Name and Address of Current Registered Agent COLLINS, GEORGE G JR 756 BEACHLAND BLVD VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HARGREAVES, NIGEL E 724 N FISCHER CIR SEBASTIAN, FL 329584623 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PETER W. MITCHELSON 724 N. FISCHER CIRCLE SEBASTIAN, FL 32958-4623 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO CLARKE, GRAHAM 536 20TH AVENUE VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO LYNNE BROWN 6001 RIVER RUN DR. SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO HERBIG, MARLENE J 1519 CLEARBROOK STREET SEBASTIAN, FL 329586135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO ROBERT J. MARKHAM 616 N. MIRROR LAKE DR. SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PETER W. MITCHELSON 772-766-3926
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-22-07 Daytime Phone #