2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name SEBASTIAN INLET SAIL AND POWER SQUADRON, INC.					01-25-2007 90	0041 003 ****	61.25	
	e of Business BROOK STREET— FL 32958- 6133	Mailing Address 4519 CLEARBROOK STRE SEBASTIAN, FL 32958-6						
2. Principal Place of Business - No.P.O. Box # 3. 724 N. FISCHER CIR. 7 Suite, Apt. #, etc.		3. Mailing Address 724 N. FISCHER CIR. Suite, Apt. #, etc.		04000007	01092007 Chg-NP CR2E037 (12/06)			
City & Stat		City & State	N. FL	4. FEI Number 75-30700	45	<u> </u>	oplied For ot Applicable	
z _{ip} 3 <i>a958-</i>	Country	32958-4623 I	Country FNDIAN RI	VER 5. Certificate of S	Status Desired [\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
COLLINS, GEORGE G JR			Name					
756 BEACHLAND BLVD VERO BEACH, FL 32963			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			Ċity			FL Zip Code	e	
	named entity submits this statement for the	ne purpose of changing its reg	gistered office or	registered agent, or both, i	n the State of Florida.		and accept	
the obligat	ions of registered agent.							
SIGNATURE .		trile if applicable. (NOTE: Re	legistered Agent signatur	e required when rematating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007								
		9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	1	check payable to Department of St		
10.		Trust Fund Con		Added to Fees	1	Department of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	Trust Fund Con	11. TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE ADDITIONS/CHANGE PETER W. MI 724 N. FISC	Florida i GES TO OFFICERS A TCHELSON THER CIR	Department of Standard ND DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT DC HARGREAVES, NIGEL E 724 N FISCHER CIR	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE DC PETER W. MI 724 N. FISC SEBASTIAN DO LYNNE BRO	Florida GES TO OFFICERS A TCHELSON THER CIR J, FL 329 WN R RUN D	Department of St ND DIRECTORS IN Change CLE SC Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIRECT DC HARGREAVES, NIGEL E 724 N FISCHER CIR SEBASTIAN, FL 329584623 DO CLARKE, GRAHAM 536 20TH AVENUE	Trust Fund Con	11. TITLE NAME SIRELT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG DC PETER W. MI 724 N. FISC SEBASTIAN DO LYNNE BRO LYNNE BRO LYNNE BRO SEBASTIAN DO SEBASTIAN COBERT J. COBERT J.	Florida : GES TO OFFICERS A TCHELSON THER CIR J, FL 3 29 WN R RUN D N, FL 3 MARKHA ROR LAK	Department of StanD DIRECTORS IN SChange CLE SCHOOL Change Change Change Change Change Change Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIRECT DC HARGREAVES, NIGEL E 724 N FISCHER CIR SEBASTIAN, FL 329584623 DO CLARKE, GRAHAM 536 20TH AVENUE VERO BEACH, FL 32962 DO HERBIG, MARLENE J 1519 CLEARBROOK STREET	Trust Fund Con CTORS Delete	11. TITLE NAME SIRELT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE PETER W. MIT 724 N. FISC SEBASTIAN DO LYNNE BRO LYNNE BRO LYNNE BRO SEBASTIAN DO SEBASTIAN DO ROBERT J.	Florida : GES TO OFFICERS A TCHELSON THER CIR J, FL 3 29 WN R RUN D N, FL 3 MARKHA ROR LAK	Department of StanD DIRECTORS IN SChange CLE SCHOOL Change Change Change Change Change Change Change Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 OF REPORTED NAME OF SIGNING OFFICER OF DIRECTOR

172-766-3926