## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N43312

FILED Jul 21, 2005 Secretary of State

Entity Name: NAPLES COMMUNITY SAILING CENTER, INC.

	Principal Place of Business:	New Principal Place of Business:
	_ANDINGS FL 34102	
Current N	Mailing Address:	New Mailing Address:
P.O. BOX NAPLES,	1251 FL 34106	
In accordar	r: 65-0261288 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	Number Not Applicable() Certificate of Status Desired() ve the prior notice. Name and Address of New Registered Agent:
2231 FOF	EUR, PHILIP M JR. RREST LANE FL 34102 US	
	e named entity submits this statement for the purpos e of Florida.	e of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D ( ) Delete CORNOG, ROBERT A 4400 GULFSHORE BLVD #502 NAPLES, FL 34109	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name:	PD () Delete FRANCOEUR, PHILIP M JR. 2231 FORREST LANE	Title: ( ) Change ( ) Addition Name: Address:
	NAPLES, FL 34102	City-St-Zip:
City-St-Zip: Title: Name: Address:	NAPLES, FL 34102  VP ( ) Delete PAGE, CHIP 225 S. LOGAN BLVD. NAPLES, FL 34119	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VP ( ) Delete PAGE, CHIP 225 S. LOGAN BLVD.	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VP () Delete PAGE, CHIP 225 S. LOGAN BLVD. NAPLES, FL 34119  VP () Delete SHUMWAY, CHARLES C 376 EDGEMERE WAY N.	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHIP PAGE VP 07/21/2005