2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# N43312

Entity Name: NAPLES COMMUNITY SAILING CENTER, INC.

Current Principal Place of Business:

NAPLES LANDINGS
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1251
NAPLES, FL 34106

New Mailing Address:

FEI Number: 65-0261288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANCOEUR, PHILIP M JR.
2231 FORREST LANE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

PAGE, CHIP M
225 SOUTH LOGAN BLVD.
NAPLES, FL 34119 US

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: CHIP PAGE 09/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CORNOG, ROBERT A
Address: 4400 GULFSHORE BLVD #502
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete
Name: FRANCOEUR, PHILIP M JR.
Address: 2231 FORREST LANE
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: PAGE, CHIP
Address: 225 S. LOGAN BLVD.
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete
Name: SHUMWAY, CHARLES C
Address: 376 EDGEMERE WAY N.
City-St-Zip: NAPLES, FL 34105

Title: DS ( ) Delete
Name: TAYLOR, CHARLES H
Address: 754 16TH. AVE. S.
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: SCHOONMAKER, JAMES M
Address: 3701 NELSONS WALK
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: FRANCOEUR, PHILIP M JR.
Address: 2231 FORREST LANE
City-St-Zip: NAPLES, FL 34102

Title: PD (X) Change ( ) Addition
Name: PAGE, CHIP
Address: 225 S. LOGAN BLVD.
City-St-Zip: NAPLES, FL 34119

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

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 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: CHIP PAGE PD 09/06/2006
Electronic Signature of Signing Officer or Director Date