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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43747** (7)
1. Corporation Name
SAILING SINGLES CLUB, INC.



Principal Place of Business 12352 MCGREGOR WOODS FT. MYERS FL 33908	Mailing Address 12352 MCGREGOR WOODS FT. MYERS FL 33908
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3. Date Incorporated or Qualified 06/06/1991	
4. FEI Number 65-0274378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

FECK, DONNA
12352 MCGREGOR WOODS
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLANDER, BOB	1.2 NAME	Feck, Donna
STREET ADDRESS	2039 SUNRISE CIRCLE	1.3 STREET ADDRESS	12352 McGregor Woods
CITY-ST-ZIP	SANIBEL FL 33957	1.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FECIK, DONNA	2.2 NAME	Errckson, Jocelyn
STREET ADDRESS	12352 MCGREGOR WOODS	2.3 STREET ADDRESS	P.O. Box 61504 (CNA)
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-ST-ZIP	FT. MYERS, FL 33906
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, ANN	3.2 NAME	
STREET ADDRESS	2136 ALDRIDGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, SUE	4.2 NAME	Prince, Ting
STREET ADDRESS	3825 ENGLEWOOD STREET	4.3 STREET ADDRESS	22673 Island Lakes Dr.
CITY-ST-ZIP	FT. MYERS FL 33901	4.4 CITY-ST-ZIP	Estero, FL 33928
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, JIM	5.2 NAME	Kaser, Gene
STREET ADDRESS	18421 PALM CREEK DRIVE	5.3 STREET ADDRESS	2294 Zoysia Lane
CITY-ST-ZIP	N. FT. MYERS FL 33917	5.4 CITY-ST-ZIP	North Fort Myers, FL 33917
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, VIRGINIA	6.2 NAME	Lieberman, Jim
STREET ADDRESS	1428 PARK SHORE CIRCLE, #4	6.3 STREET ADDRESS	P.O. Box 151713 (CNA)
CITY-ST-ZIP	FT. MYERS FL 33901	6.4 CITY-ST-ZIP	Cape Coral, FL 33915

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Francis* 4/16/98 941-936-7569

CR2E037 (10/97)