


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 019 ****61.25

DOCUMENT # N43747

1. Entity Name
SAILING SINGLES CLUB, INC.



Principal Place of Business
12808 YACHT CLUB CIRCLE
FORT MYERS, FL 33919 US

Mailing Address
P.O. BOX 6324
FORT MYERS BEACH, FL 33932 US

2. Principal Place of Business
803 MONTICELLO
 Suite, Apt. #, etc.

3. Mailing Address
803 MONTICELLO
 Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL


Zip
33904

Country
LEE

Zip
33904

Country
LEE

40099682



05152006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0274378

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EMERY, LESLIE
BONITA BILLS MARINA
702 FISHERMANS WHARF
FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name **Connie Trowbridge**

Street Address (P.O. Box Number is Not Acceptable)
2004 S.E. 26 TER

CAPE CORAL

City **FL** Zip Code **33904**

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 *Connie Trowbridge* DATE 7-15-2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EMERY, LES P.O. BOX 6324 FORT MYERS BEACH, FL 33932 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNS, CAROLE 536 KEENAN AVE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TROWBRIDGE, CONNIE 2004 S.E. 26 TERRACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC EVERS, WYATT 3918 EDGEWOOD FORT MYERS, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EMERY, LESLIE PO BOX 6324 FORT MYERS BEACH, FL 33932 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOOP, EVELYN 1209 SE 5TH STREET # 110 CAPE CORAL, FL 33990 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC George Nemes 813 MONTICELLO CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTHA ROBINSON 903 SAN CARLOS DR FORT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DEENA KIRKA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C George Nemes 813 MONTICELLO CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Connie Trowbridge* *Connie Trowbridge* 7-15-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #