2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N96000002657

Entity Name: SAILING FOUNDATION OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1973 PGA BLVD., STE. C
PALM BEACH GARDENS, FL 33408

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14879
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0681760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAIRNES, CHARLES W JR.
1973 PGA BLVD., STE. C
PALM BEACH GARDENS, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLACK, ANDREW J SR.
Address: 15668 77TH PLACE N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V ( ) Delete
Name: HAYTHORN, CHARLES
Address: 2555 PGA BLVD., #28
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete
Name: FRANCO, VINCENT
Address: 251 11TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T ( ) Delete
Name: CAIRNES, CHARLES W JR.
Address: 1973 PGA BLVD., STE. C
City-St-Zip: PALM BEACH GARDENS, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: C W CAIRNES JR T 04/20/2009

Electronic Signature of Signing Officer or Director — Date