


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90087 018 ****61.25

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1. Entity Name
SAILBOAT SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 442 GULF OF MEXICO DR
 LONGBOAT KEY, FL 34228 US

Mailing Address
 442 GULF OF MEXICO DR
 LONGBOAT KEY, FL 34228 US

40009759



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

01252007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0886806

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

~~MAGNIBURN, MARK~~
 442 GULF OF MEXICO DR.
 LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name **Michael D. Welly**
 Street Address (P.O. Box Number is Not Acceptable) **442 GULF OF MEXICO DRIVE**
Longboat Key
 City **FL** Zip Code **34228**

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  **Michael D. Welly** **1-25-07**

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

Filing Fee is \$61.25 Due by May 1, 2007

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MAGNIBURN, MARK	
STREET ADDRESS	442 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, THOMAS R	
STREET ADDRESS	444 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAUNDERS, MICHAEL	
STREET ADDRESS	440 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael D. Welly	
STREET ADDRESS	442 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Michael D. Welly** **1-25-07** **941-387-9449**

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