

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000006783**

1. Entity Name  
**SAILBOAT SQUARE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**65-0886806**      Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLY, MICHAEL D**  
**442 GULF OF MEXICO DR.**  
**LONGBOAT KEY, FL 34228**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

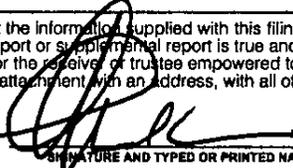
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 01/23/08-80078-022 61.25

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | PD                     |
| NAME           | WELLY, MICHAEL D       |
| STREET ADDRESS | 442 GULF OF MEXICO DR. |
| CITY-ST-ZIP    | LONGBOAT KEY, FL 34228 |
| TITLE          | STD                    |
| NAME           | SAUNDERS, MICHAEL      |
| STREET ADDRESS | 440 GULF OF MEXICO DR  |
| CITY-ST-ZIP    | LONGBOAT KEY, FL 34228 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

**DO NOT WRITE IN THIS SPACE**

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**      1-18-08      941-397-9449

Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #