

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 22, 2009  
Secretary of State**

DOCUMENT# N97000006783

Entity Name: SAILBOAT SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

442 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US

**New Principal Place of Business:**

**Current Mailing Address:**

442 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 US

**New Mailing Address:**

FEI Number: 65-0886806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WELLY, MICHAEL D  
442 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228 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: PD ( ) Delete  
Name: WELLY, MICHAEL D  
Address: 442 GULF OF MEXICO DR.  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: STD ( ) Delete  
Name: SAUNDERS, MICHAEL  
Address: 440 GULF OF MEXICO DR  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MICHAEL D. WELLY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

06/22/2009

\_\_\_\_\_  
Date