

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724987** (3)

1. Corporation Name

ST. PETERSBURG, SAILING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 174
ST PETERSBURG FL 33731

P.O. BOX 174
ST PETERSBURG FL 33731

3. Date Incorporated or Qualified
12/13/1972

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKS, THOMAS G.
525 9TH AVE NO
APT 2
ST PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **GITTENS, VICTOR**
CITY-ST-ZIP **14802 N. FLORIDA #L189**
TAMPA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **PARKS, THOMAS G.**
CITY-ST-ZIP **525 9TH AVE**
ST PETERSBURG FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GRIFFIN, GROVER**
CITY-ST-ZIP **7608 9TH AVE N**
ST PETERSBURG, FL 00000

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **McINTOSH, EVAN**
3.4 CITY-ST-ZIP **2522 SADDLEWOOD LANE**
PALM HARBOR, FLA. 34685

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SAKSS, SELGA**
CITY-ST-ZIP **1121 35TH AVE N**
ST PETERSBURG FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BARNES, JOYE**
CITY-ST-ZIP **3871 SEA ROBIN DR SE**
ST PETERSBURG FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **S**
5.3 STREET ADDRESS **DOYLE, CHAR-MEL**
5.4 CITY-ST-ZIP **1957 ARROWHEAD DR. N.E.**
ST. PETERSBURG, FLA. 33703

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GAHN, RICHARD H.**
CITY-ST-ZIP **500 COFFEE POT RIVERA**
ST PETERSBURG, FL 00000

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **TAUSINGER, ROBERT**
6.4 CITY-ST-ZIP **16008 4TH ST. E.**
REDINGTON BEACH, FLA. 33708

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas G. Parks TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS G. PARKS

6-6-96 **813-539-9599**
Date Daytime Phone #

CR2E037 (12/95)