

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90062 005 ****61.25

0053782

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724987

1. Corporation Name

ST. PETERSBURG, SAILING ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 174
ST PETERDBURG FL 33731

Mailing Address
P.O. BOX 174
ST PETERDBURG FL 33731



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/13/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1499743	
24 Country		29 Country		30	
25		29		30	
26		29		30	
27		29		30	
28		29		30	
29		29		30	
30		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **RICK CASHMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **700 BEACH DR NE #803**
83
84 City **ST PETERSBURG** FL 85 Zip Code **33701**

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	D	1.1 TITLE	D
NAME	KLOTZ, CHRISTOPHER A	1.2 NAME	JOHN HAGMAN
STREET ADDRESS	2545 N E COACHMAN RD, #55	1.3 STREET ADDRESS	1109 PINELLAS BAYWAY #104
CITY-ST-ZIP	CLEARWATER FL 34625	1.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	T	2.1 TITLE	T
NAME	PARKS, THOMAS G	2.2 NAME	RICK CASHMAN
STREET ADDRESS	525 9TH AVENUE NORTH, APT #2	2.3 STREET ADDRESS	700 BEACH DR NE #803
CITY-ST-ZIP	ST PETE FL 33701	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	D	3.1 TITLE	
NAME	MCINTOSH, EVAN	3.2 NAME	
STREET ADDRESS	2522 SADDLEWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MCGOUGH, MAURICE Q	4.2 NAME	
STREET ADDRESS	771 19TH AVENUE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33704	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	NEAL, RICHARD	5.2 NAME	
STREET ADDRESS	120 56TH STREET NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33710	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

727 8217078

Daytime Phone #

CRZE037 (1/98)