

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 714143

**Entity Name:** COCOA BEACH SAIL & POWER SQUADRON, INC.

**FILED  
Sep 01, 2017  
Secretary of State  
CC2038032708**

**Current Principal Place of Business:**

1420 HUNTINGTON LANE  
APT. 2505  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

COCOA BEACH SAIL & POWER SQ.  
PO BOX 540651  
MERRITT IS., FL 32954 US

**FEI Number: 59-3008037**

**Certificate of Status Desired: No**

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

KIRKWOOD, MARSHA  
1420 HUNTINGTON LANE  
APT. 2505  
ROCKLEDGE, FL 32955 US

*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: MARSHA E. KIRKWOOD**

**09/01/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           COURTNEY, TOM  
Address       1625 RICHARDSON RD.  
City-State-Zip: MERRITT ISLAND FL 32952

Title           EXECUTIVE OFFICER  
Name           CASALS, JOSE  
Address       6375 ARROYO DR.  
City-State-Zip: MELBOURNE FL 32940

Title           EDUCATION OFFICER  
Name           FITZGERALD, JOHN  
Address       1392 PAYETTE LANE  
City-State-Zip: WEST MELBOURNE FL 32904

Title           ADMINISTRATIVE OFFICER  
Name           SHAPOW, GEORGE  
Address       1445 GIRARD BLVD.  
City-State-Zip: MERRITT ISLAND FL 32952

Title           TREASURER  
Name           KIRKWOOD, MARSHA  
Address       1420 HUNTINGTON LANE  
                APT. 2505  
City-State-Zip: ROCKLEDGE FL 32955

Title           SECRETARY  
Name           FITZGERALD, THERESA  
Address       1392 PAYETTE LANE  
City-State-Zip: WEST MELBOURNE FL 32904

*I hereby 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 all other like empowered.*

**SIGNATURE: MARSHA KIRKWOOD**

**TREASURER**

**09/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date