

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001707

**Entity Name:** LAKE EUSTIS YOUTH SAILING FOUNDATION, INC.

**FILED**  
**Feb 18, 2016**  
**Secretary of State**  
**CC3931400580**

**Current Principal Place of Business:**

LEYSF C/O CONNIE HARPER  
1000 KELLY CREEK CIRCLE  
OVIDO, FL 32765

**Current Mailing Address:**

1000 KELLY CREEK CIRCLE  
OVIDO, FL 32765

**FEI Number: 30-0235724**

**Certificate of Status Desired: No**

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

HARPER, CONNIE  
1000 KELLY CREEK CIRCLE  
OVIDO, FL 32765 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	T	Title	DIRECTOR
Name	HARPER, CONNIE	Name	JENSEN, DARCY
Address	1000 KELLY CREEK CIRCLE	Address	22701 STALLION DRIVE
City-State-Zip:	OVIDO FL 32765	City-State-Zip:	SORRENTO FL 32775
Title	VP	Title	D
Name	SMITH, STACEY	Name	JENSEN, CHARLIE
Address	11001 LAKE CATHERINE CIRCLE	Address	33226 WINDY OAK ST.
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	SORRENTO FL 32776
Title	PRESIDENT	Title	SECRETARY
Name	PEARL, JOHN	Name	HOLMES, TARA
Address	36832 WHISPERING WIND ST.	Address	104 POINT VIEW LN.
City-State-Zip:	GRAND ISLAND FL 32735	City-State-Zip:	LONGWOOD FL 32779

*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: CONNIE HARPER**

**TREASURER**

**02/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date