

**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  
OVIEDO, FL 32765

**Current Mailing Address:**

1000 KELLY CREEK CIRCLE  
OVIEDO, FL 32765

**FEI Number: 30-0235724**

**Certificate of Status Desired: No**

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

HARPER, CONNIE  
1000 KELLY CREEK CIRCLE  
OVIEDO, 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: | OVIEDO 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