

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002714

Entity Name: CENTRAL FLORIDA SAIL & POWER SQUADRON, INC.**Current Principal Place of Business:**2170 WEST STATE ROAD434
SUITE 116
LONGWOOD, FL 32779-4976**Current Mailing Address:**P. O. BOX 521550
LONGWOOD, FL 32752-1550 US**FEI Number: 80-0776057****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAY, ROBERT J SR.
2170 WEST STATE ROAD434, SUITE 116
LONGWOOD, FL 32779-4976 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:** ROBERT J RAY SR.

01/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	RAY, ROBERT J SR.
Address	2170 WEST STATE ROAD434 SUITE 116
City-State-Zip:	LONGWOOD FL 32779-4976

Title	T
Name	LIGOCKI, LOUIS W
Address	6416 SHERY ANN DRIVE
City-State-Zip:	ORLANDO FL 32809

Title	VP
Name	OTIS, DAVID
Address	5128 N. RIDGEWAY DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	S
Name	HAYES, LINDA M
Address	924 STONE CREEK COURT
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	WAGUESPACK, CHRIS
Address	676 LAMOKA COURT
City-State-Zip:	WINTER SPRINGS FL 32708-5620

Title	VP
Name	GIBBS, ANTOINETTE M
Address	360 ROCKWELL CIRCLE
City-State-Zip:	LAKE MARY FL 32746

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: LOUIS LIGOCKI**TREASURER**

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date