

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002714

Entity Name: CENTRAL FLORIDA SAIL & POWER SQUADRON, INC.**Current Principal Place of Business:**1711 BEACON DRIVE
SANFORD, FL 32771**Current Mailing Address:**P. O. BOX 521550
SANFORD, FL 32752-1550 US**FEI Number: 80-0776057****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ESTEVEZ, ENRIQUE G
705 CANADICE LANE
WINTER SPRINGS, FL 32708 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	P
Name	RAY, ROBERT J SR.
Address	1711 BEACON DRIVE
City-State-Zip:	SANFORD FL 32771

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

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

Title	V
Name	BAYNE, MARION JIII
Address	107 RED CEDAR DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	ROUMPZ, LEO J
Address	205 WILD ASH LANE
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: LOUIS W. LIGOCKI**LT/C****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date