

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43312

Entity Name: NAPLES COMMUNITY SAILING CENTER, INC.

Current Principal Place of Business:

NAPLES LANDINGS
NAPLES, FL 34102

FILED
Apr 20, 2021
Secretary of State
3649988085CC

Current Mailing Address:

P.O. BOX 1251
NAPLES, FL 34106

FEI Number: 65-0261288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAGE, CHIP M
225 LOGAN BLVD SOUTH
NAPLES, FL 34119 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: CHIP PAGE

04/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CORBAN, DAVID M
Address 2832 ARBUTUS STREET
City-State-Zip: NAPLES FL 34112

Title PRESIDENT, DIRECTOR
Name PAGE, CHIP
Address 225 S. LOGAN BLVD.
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name SHUMWAY, CHARLES C
Address 376 EDGEMERE WAY N.
City-State-Zip: NAPLES FL 34105

Title VP, DIRECTOR
Name TIMMINS, CRAIG D
Address 76 CARIBBEAN RD
City-State-Zip: NAPLES FL 34108

Title TREASURER
Name DOUGLAS, WINTON S
Address 520 RIVIERA DRIVE
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name PAGE, LISA
Address 225 S. LOGAN BLVD.
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name MOORE, JOHN
Address 1800 GALLEON WAY
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name THOMAS, CINDY
Address 5295 BENFIELD RD.
City-State-Zip: NAPLES FL 34114

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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: WINTON S. DOUGLAS, JR.

TREASURER

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name DOANE, JAMES

Address 2400 9TH ST N SUITE 101

City-State-Zip: NAPLES FL 34103