

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43312

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**8137351283CC**

**Entity Name:** NAPLES COMMUNITY SAILING CENTER, INC.

**Current Principal Place of Business:**

NAPLES LANDINGS  
NAPLES, FL 34102

**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

04/30/2019

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

**Continues on page 2**

*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

TREASURER

04/30/2019

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