### 2014 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

## **Current Mailing Address:**

P.O. BOX 1251 NAPLES, FL 34106

# FEI Number: 65-0261288

### Name and Address of Current Registered Agent:

PAGE, CHIP M 225 LOGAN BLVD SOUTH NAPLES, FL 34119 US Certificate of Status Desired: No

FILED

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

## Officer/Director Detail :

Title	DT	Title	PD
Name	CORBAN, DAVID M	Name	PAGE, CHIP
Address	2832 ARBUTUS STREET	Address	225 S. LOGAN BLVD.
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34119
Title	D	Title	DS
Name	SHUMWAY, CHARLES C	Name	PINHOLSTER, JOHN
Address	376 EDGEMERE WAY N.	Address	1969 7TH STREET SOUTH
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34102
Title	DVP	Title	TREASURER
Name	TIMMINS, CRAIG D	Name	HAVIG, KIMBERLY W
Address	76 CARIBBEAN RD	Address	512 21ST AVENUE SOUTH
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34102

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: KIMBERLY HAVIG

TREASURER

03/13/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date