#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43312

Entity Name: NAPLES COMMUNITY SAILING CENTER, INC.

**FILED** Apr 05, 2024 **Secretary of State** 4249488325CC

### **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: Yes

### 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 04/05/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title	DIRECTOR	Title	DIRECTOR
Name	CORBAN, DAVID M	Name	PAGE, CHARLES
Address	2832 ARBUTUS STREET	Address	225 S. LOGAN BLVD.
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34119

Title **TREASURER** Title DIRECTOR

Name DOUGLAS, WINTON S SHUMWAY, CHARLES C Name Address 520 RIVIERA DRIVE Address 376 EDGEMERE WAY N. NAPLES FL 34103 City-State-Zip: NAPLES FL 34105 City-State-Zip:

Title DIRECTOR Title VP, DIRECTOR Name MOORE, JOHN PAGE, LISA Name Address 1800 GALLEON WAY Address 225 S. LOAGAN BLVD. City-State-Zip: NAPLES FL 34102

Title DIRECTOR Title PRESIDENT, DIRECTOR

Name DOUGLAS, CHRISTOPHER MURRAY, PAUL Name

520 RIVIERA DRIVE Address 1365 OSPREY AVE Address City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34102

## 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, JR.

NAPLES FL 34119

**TREASURER** 

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name GROFF, MELISSA Name GARNIER NORMAN, ANNE-CAROLINE

Address 516 PORT SIDE DR Address 190 CAJEPUT DR

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34108