

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003323

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC2165901497**

**Entity Name:** SAILFISH POINT FOUNDATION, INC.

**Current Principal Place of Business:**

2201 SAILFISH POINT BLVD  
STUART, FL 34996

**Current Mailing Address:**

2201 SE SAILFISH POINT BLVD  
STUART, FL 34996 US

**FEI Number:** 65-0978271

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FISHER, RIP  
2681 SE DUNE DRIVE  
STUART, FL 34996 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:** RIP FISHER

04/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           FISHER, RIP  
Address        2681 SE DUNE DRIVE  
City-State-Zip: STUART FL 34996

Title           TREASURER  
Name           PRICE, ANN LOUISE  
Address        6880 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

Title           VP  
Name           BURNS, SHANNON  
Address        6821 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

Title           D  
Name           DELANY, PENNY  
Address        6972 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

Title           DIRECTOR  
Name           WAGNER, CAROL  
Address        6951 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

Title           DIRECTOR  
Name           ZAPPALA, NANCY  
Address        6800 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

Title           DIRECTOR  
Name           LUSK, DIANE  
Address        6845 SE NORTH MARINA WAY  
City-State-Zip: STUART FL 34996

Title           DIRECTOR  
Name           BOUSQUETTE, PEGGY  
Address        7018 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

**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:** ANN LOUISE PRICE

**TREASURER**

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BATTERSON, KATHY  
Address 6680SE SOUTH MARINA WAY  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name HANSON, KATHY  
Address 2900 SE DUNE DRIVE #435  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name SULLIVAN, PAT  
Address 6944 SE LAKEVIEW TERRACE  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name DAKERS, RICHARD  
Address 6976 SE HARBOR CIRCLE  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name STRICKLAND, ROSS  
Address 2201 SE SAILFISH BLVD #416  
City-State-Zip: STUART FL 34996