

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003323

FILED
Apr 16, 2015
Secretary of State
CC3638859217

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

04/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT EMERITUS
Name PRICE, ANN LOUISE
Address 1031 SE MACARTHUR BLVD
City-State-Zip: STUART FL 34996

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

Title TREASURER
Name BAYERSDORFER, MARY BETH
Address 2818 SE DUNE DRIVE
 #2404
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 D
Name DEL PRIORE, NANCY
Address 6941 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

Title SECRETARY
Name DOCKERY, KRISTINE
Address 6540 SE HARBOR CIRCLE
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name TAUBE, LARA
Address 1925 SE SAILFISH POINT BLVD
City-State-Zip: STUART FL 34996

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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: MARY BETH BAYERSDORFER

TREASURER

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 WILKS, DON
Address 7028 SE HARBOR CIRCLE
City-State-Zip: STURT FL 34996

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