

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002736

Entity Name: THE STORM TRYSAIL CLUB, INC.**Current Principal Place of Business:**1 WOODBINE AVE
LARCHMOUNT, NY 10538**Current Mailing Address:**1 WOODBINE AVE
LARCHMOUNT, NY 10538**FEI Number:** 13-2693380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRENNAN, DAVID
2485 TRAPP AVE
MIAMI, FL 33133 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	SITAR, LEONARD
Address	1 WOODBINE AVE
City-State-Zip:	LARCHMOUNT NY 10538

Title	D
Name	FISHER, JOHN
Address	1 WOODBINE AVE
City-State-Zip:	LARCHMOUNT NY 10538

Title	V
Name	EVANS, AJ
Address	1 WOODBINE AVE
City-State-Zip:	LARCHMOUNT NY 10538

Title	VC
Name	REDNISS, RAYMOND
Address	1 WOODBINE AVE
City-State-Zip:	LARCHMOUNT NY 10538

Title	P
Name	REICHART, LEE
Address	1 WOODBINE AVE
City-State-Zip:	LARCHMOUNT NY 10538

Title	DIRECTOR
Name	KNEISLEY, WHITNEY
Address	1 WOODBINE AVE.
City-State-Zip:	LARCHMONT NY 10538

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: WHITNEY KNEISLEY**EXECUTIVE DIRECTOR****07/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date