

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702722

FILED
Jan 20, 2007
Secretary of State

Entity Name: FLORIDA SAILING ASSOCIATION, INC.

Current Principal Place of Business:

1315 SEVERN AVENUE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

953 PT. SEASIDE DR.
P O BOX 988
CRYSTAL BCH, FL 34681 US

New Mailing Address:

FEI Number: 59-1620587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, SARAHBETH R
953 PT. SEASIDE DR
P O BOX 988
CRYSTAL BCH, FL 34681 US

Name and Address of New Registered Agent:

REEVES, SARAHBETH R
953 PT. SEASIDE DR
BOX 988
CRYSTAL BCH, FL 34681 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:

01/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOWDEN, BOB
Address: 5520 -105 N. HARBOR VILLAGE DR
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: DAWSON, MIKE
Address: 19806 READING ROAD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: REEVES, SARAHBETH
Address: 953 PT. SEASIDE DR. BOX 988
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D () Delete
Name: RINDA, TOM
Address: 1717 MASSACHUSETTS AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D () Delete
Name: DAWSON, MIKE
Address: 19806 READING RD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: RINDA, TOM
Address: 1717 MASSACHUSETTS AVENUE
City-St-Zip: ST PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARAHBETH R. REEVES

D

01/20/2007

Electronic Signature of Signing Officer or Director

Date