

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702722

FILED  
Apr 26, 2008  
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  
BOX 988  
CRYSTAL BCH, FL 34681 US

## Name and Address of New Registered Agent:

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

## 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: P (X) Change ( ) Addition  
Name: DAWSON, MIKE  
Address: 19806 READING ROAD  
City-St-Zip: LUTZ, FL 33549

Title: VP (X) Change ( ) Addition  
Name: RINDA, TOM  
Address: 1717 MASSACHUSETTS AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

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 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 REEVES

D

04/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date