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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702826

1. Corporation Name

ANCLOTE KEY SAIL AND POWER SQUADRON, INC.

Principal Place of Business

BAYWOOD VILLAGE CLUB
305 WESTWINDS DR
PALM HARBOR FL 34683

Mailing Address

2417 GROVE RIDGE DR
PALM HARBOR FL 34683



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

08/25/1961

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-0152365

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

24

25

Zip

Country

29

30

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIELKE, MARY LOU
2417 GROVE RIDGE DR
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Mary Lou Mielke, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ZAWASKY, JOHN
STREET ADDRESS 4849 FLORAMAR TERRACE S.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☒ DELETE

1.1 TITLE D
1.2 NAME Janice Lasho
1.3 STREET ADDRESS 1816 Georgia Avenue
1.4 CITY-ST-ZIP Palm Harbor, FL 34683

☒ Change ☐ Addition

TITLE D
NAME LASHO, JANICE
STREET ADDRESS 1816 GEORGIA AVE
CITY-ST-ZIP PALM HARBOR FL 34683

☒ DELETE

2.1 TITLE D
2.2 NAME Tetlow, Michael
2.3 STREET ADDRESS 4933 Marlin Drive
2.4 CITY-ST-ZIP New Port Richey, FL 34652

☒ Change ☐ Addition

TITLE D
NAME PRATT, GEORGE C
STREET ADDRESS 90 S. HIGHLAND AVE., #413D
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME ZILAY, ROBERT J
STREET ADDRESS 6206 STAUNTON DR
CITY-ST-ZIP HOLIDAY FL 34690

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME MIELKE, MARY LOU
STREET ADDRESS 2417 GROVE RIDGE DR
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Lou Mielke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99

Date

(727) 785-7923

Daytime Phone #

CR2E037 (11/98)