

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90029 023 ****61.25

DOCUMENT # 702826

1. Entity 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

54020478



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0152365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATT, GEORGE C
90 HIGHLAND AVE. S 413-B
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

William T. Martin

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

231 Mariner Dr

City

Tarpon Springs

FL

Zip Code

34689

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William T. Martin

William T. Martin, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIELKE, HOWARD	
STREET ADDRESS	2417 GROVE RIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEEF, WILLIAM	
STREET ADDRESS	502 S FLORIDA AVENUE, #135	
CITY-ST-ZIP	TARPON SPRINGS FL 34689-2726	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDEMAN, BERNARD	
STREET ADDRESS	103 DRIFTWOOD DRIVE WEST	
CITY-ST-ZIP	PALM HARBOR FL 34683-1014	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRATT, GEORGE C	
STREET ADDRESS	90 HIGHLAND AVE. S 413-B	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MIELKE, MARY LOU	
STREET ADDRESS	2417 GROVE RIDGE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THORP, STEVE	
STREET ADDRESS	5060 PROPOISE PL	
CITY-ST-ZIP	NEWPORT RICHEY FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROYER, PAUL	
STREET ADDRESS	1826 Mary's Meadow La	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELKE, Howard	
STREET ADDRESS	2417 Grove Ridge Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEMAN, BERNARD	
STREET ADDRESS	103 Driftwood Dr West	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, WILLIAM	
STREET ADDRESS	231 Mariner Dr	
CITY-ST-ZIP	Tarpon Springs, FL, 34689	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELKE, MARY LOU	
STREET ADDRESS	2417 Grove Ridge Dr	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORR, AUDREY	
STREET ADDRESS	1153 Grand Blvd	
CITY-ST-ZIP	Holiday, FL, 34690	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William T. Martin, Treasurer

William T. Martin 3/19/04 (727) 979-1920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #