

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 011 ****61.25

DOCUMENT # 702826

1. Entity Name
ANCLOTE KEY SAIL AND POWER SQUADRON, INC.



Principal Place of Business
GULF HARBORS YACHT
3926 MARINE PKWY CLUB
NEW PORT RICHEY, FL 34652

Mailing Address
2417 GROVE RIDGE DR
PALM HARBOR, FL 34683

40042310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0152365

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIELKE, MARYLOU
2417 GROVE RIDGE DR
PALM HARBOR, FL 34683

Name

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

City

FL

Zip Code

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

MARY LOU MIELKE, TREAS. Mary Lou Mielke

3/25/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LINDEMAN, BERNARD ☐ Delete
STREET ADDRESS 4417 FLORAMAR TERR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MIELKE, HOWARD ☐ Delete
STREET ADDRESS 2417 GROVE RIDGE DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KRANE, JOEL ☐ Delete
STREET ADDRESS 2431 INDIAN TRAIL EAST
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AO
NAME WESEMAN, RALPH ☒ Delete
STREET ADDRESS 5562 W SHORE DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE AO
NAME LICHTY, JAMES ☐ Change ☒ Addition
STREET ADDRESS 4240 BUENA VISTA
CITY-ST-ZIP HOLIDAY, FL 34691

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME DEMEGIO, JUDITH ☐ Delete
STREET ADDRESS 4820 MUSSELSHELL DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

MARY LOU MIELKE, Mary Lou Mielke

3/25/07

727-785-7923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #