

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702826

FILED
Feb 04, 2009
Secretary of State

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

Current Principal Place of Business:

GULF HARBORS YACHT
3926 MARINE PKWY CLUB
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

PO BOX 1666
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-0152365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRANE, SUZANNE
2431 INDIAN TRAIL E
PALM HARBOR, FL 34683 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: D () Delete
Name: TOPCHY, ALEXANDER
Address: 7106 WAXWING DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: MIELKE, HOWARD
Address: 2417 GROVE RIDGE DR
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KRANE, JOEL
Address: 2431 INDIAN TRAIL EAST
City-St-Zip: PALM HARBOR, FL 34683

Title: AO () Delete
Name: LICHTY, JAMES
Address: 4240 BUENA VISTA
City-St-Zip: HOLIDAY, FL 34691

Title: T () Delete
Name: KRANE, SUZANNE
Address: 2431 INDIAN TRAIL E.
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: DEMEGLIO, JUDITH
Address: 4820 MUSSELSHELL DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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
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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: JOEL KRANE

CMDR

02/04/2009

Electronic Signature of Signing Officer or Director

Date