2007 NOT-FOR-PROFIT CORPORATION

FILED Feb 05, 2007 8:00 am

	ANNOAL	. REPORT			Secret	ary o	t Sta	te
1. Entity Nam	MENT #708389 SAILING AND YACHT CLU			02-05-2007	•			
		D, MOON ONTED						
Principal Place of Business 896 RIVER POINT DRIVE NAPLES, FL 34102		Mailing Address 896 RIVER POINT DRIVE NAPLES, FL 34102			00016604	S		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052	007 Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-6213933 Not Applicable			
Zip	Country	Zip	Country	5. Cert	ficate of Status Desire	ed 🔲	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of Ne	w Registered	Agent	
E. L. PRO	FFITT		Name					
	R POINT DRIVE		Street Address ((P.O. Box Number is Not Acceptable)			
			City			FL	Zip Code	
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or	registered agent,	or both, in the State of	of Florida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE.	Registered Agent signatu	ire required when reinsta	ing)	DATE		
SIGNATURE	Signature, typed or printed name of registered agen	9. Election Cam Trust Fund Ce	paign Financing	\$5.00	May Be	Make chec	k payable to	
SIGNATURE	Signature, typed or printed name of registered agen	9. Election Cam Trust Fund Co	paign Financing	\$5.00 Added to	May Be Fees	Make chec Florida Depar	rtment of St	tate
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Cam Trust Fund Co	paign Financing ontribution.	S5.00 Added to	May Be Fees I S/CHANGES TO OFF	Make chec Florida Depai FICERS AND Di	rtment of St	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D VC WASHBURN, RICHARD	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME	S5.00 Added to	May Be Fees S/CHANGES TO OFF	Make checi Florida Depar FICERS AND DI	RECTORS IN	I 10
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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:

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #