


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90053 003 \*\*\*\*61.25

<b>DOCUMENT # 711968</b> 1. Entity Name <b>CARD SOUND SAILING CLUB INC.</b>					
Principal Place of Business <b>24 DOCKSIDE LANE #93</b> <b>KEY LARGO, FL 33037 US</b>			Mailing Address <b>24 DOCKSIDE LANE #93</b> <b>KEY LARGO, FL 33037 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2052482</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KIRSCHNER, SANDRA R.</b> <b>12 MARLIN LANE UNIT A</b> <b>KEY LARGO, FL 33037</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHUMWAY, SHIRLEY</b> <b>58 TARPON LANE</b> <b>KEY LARGO, FL 33037</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KARL OTZEN</b> <b>8 CANNON PT</b> <b>KEY LARGO, FL 33037</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OTZEN, KARL</b> <b>8 CANNON PT</b> <b>KEY LARGO, FL 33037</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RICHARD ELLIOTT</b> <b>22 TAMARIND LANE</b> <b>KEY LARGO, FL 33037</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OTZEN, KARL</b> <b>8 CANNON PT</b> <b>KEY LARGO, FL 33037</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRUCE JEFFREYS</b> <b>68 ANGELFISH CAY DR.</b> <b>KEY LARGO, FL 33037</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHUMWAY, SHIRLEY</b> <b>58 TARPON LANE</b> <b>KEY LARGO, FL 33037</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KIRSCHNER, SANDRA</b> <b>12 MARLIN LANE UNIT A</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>CHAPIN, SANDRA</b> <b>26 HALFWAY</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> <u>Sandra R. Kirschner</u> <b>SANDRA R KIRSCHNER</b> 1/22/08 305-251-6297 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					