

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 017 ****61.25

DOCUMENT # 713116

1. Entity Name

SPORTSMAN'S YACHT AND SAILING CLUBS, INC.



Principal Place of Business

**1401 SE 47TH ST
CAPE CORAL FL 33904**

Mailing Address

**1401 SE 47TH ST
CAPE CORAL FL 33904**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1461487

Applied For

Not Applicable

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

**FLICKINGER, RUTH
2817 SE 19TH AVE
CAPE CORAL FL 33904**

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

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, 2008**

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 **P** ☐ Delete
NAME **FLICKINGER, RUTH**
STREET ADDRESS **2817 SE 19TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **VP** ☐ Delete
NAME **DANSEREAU, RITA**
STREET ADDRESS **4943 PELICAN BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **D** ☒ Delete
NAME **MERCADO, MANUEL**
STREET ADDRESS **2001 PALACO GRANDE PKWY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☒ Change ☐ Addition
NAME **IONE NIELSEN**
STREET ADDRESS **3125 SE 10TH AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **TD** ☒ Delete
NAME **SHIVELY, MARIE**
STREET ADDRESS **4218 SW 12TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **RC JANASHAK, Robert** ☐ Change ☒ Addition
NAME **4780 Flamingo**
STREET ADDRESS **ST. James, FL 33493**

TITLE **SD** ☐ Delete
NAME **GILL, JEANETTE**
STREET ADDRESS **3725 SANTA BARBARA BLVD**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE **TD**
NAME **SHIVELY, MARIE**
STREET ADDRESS **4941 EDITH ESPLANADE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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 Section 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: *Ruth Flickinger* **RUTH FLICKINGER** 239-945-0353