

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90997 006 ****61.25

DOCUMENT # 713923

1. Entity Name
CORAL RIDGE SAIL AND POWER SQUADRON, INC.



Principal Place of Business
4800 BAYVIEW DRIVE #801
FORT LAUDERDALE, FL 33308 US

Mailing Address
4800 BAYVIEW DRIVE #801
FORT LAUDERDALE, FL 33308 US

14018945



01252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-6210249

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

Applied For
☐ **Not Applicable**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAGAN, PATRICIA R 4800 BAYVIEW DRIVE #801 FORT LAUDERDALE, FL 33308		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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME BLADE, JANET S STREET ADDRESS 806 CYPRESS GROVE LANE #307 CITY-ST-ZIP POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete	TITLE D NAME William E. Dengel STREET ADDRESS 4800 Bayview Dr, #801 CITY-ST-ZIP Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME KALT, LOYD E STREET ADDRESS 4800 BAYVIEW DRIVE #801 CITY-ST-ZIP FORT LAUDERDALE, FL 333094809	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Patricia R. Bagan STREET ADDRESS 4800 Bayview Dr, #801 CITY-ST-ZIP Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DC NAME MILITELLO, ANTHONY STREET ADDRESS 3304 SW 14 ST CITY-ST-ZIP FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE DEO NAME Roger Imhof STREET ADDRESS 2731 NE 14 St, #902A CITY-ST-ZIP Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DEO NAME IMHOF, CARIN D STREET ADDRESS 36 MEACHAN LANE CITY-ST-ZIP TAMARAC, FL 33319	<input type="checkbox"/> Delete	TITLE DC NAME Carin Imhof STREET ADDRESS 2731 NE 14 St, #902A CITY-ST-ZIP Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CALIENDO, MARILEE STREET ADDRESS 2453 SE 1ST STREET CITY-ST-ZIP POMPANO BEACH, FL 330627503	<input checked="" type="checkbox"/> Delete	TITLE S NAME Debra Tighe STREET ADDRESS 2136 NE 17 Ave CITY-ST-ZIP Wilton Manors, FL 33305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Lena Parsons STREET ADDRESS 5341 SW 1 St CITY-ST-ZIP Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patricia R. Bagan* **4/27/04 954-818-2452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patricia R. Bagan, Treasurer