


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90053 037 \*\*\*\*61.25

<b>DOCUMENT # 713923</b> 1. Entity Name <b>CORAL RIDGE SAIL AND POWER SQUADRON, INC.</b>					
Principal Place of Business <b>4800 BAYVIEW DRIVE #801</b> <b>FORT LAUDERDALE, FL 33308 US</b>			Mailing Address <b>4800 BAYVIEW DRIVE #801</b> <b>FORT LAUDERDALE, FL 33308 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-6210249</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BAGAN, PATRICIA R</b> <b>4800 BAYVIEW DRIVE #801</b> <b>FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
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	D DENGEL, WILLIAM E 4800 BAYVIEW DR #801 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAGAN, PATRICIA R 4800 BAYVIEW DRIVE #801 FORT LAUDERDALE, FL 333094809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Correction) - 33308-4909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEO IMHOF, ROGER 2731 NE 14 ST #902-A POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC IMHOF, CARIN D <input checked="" type="checkbox"/> Delete 2731 NE 14 ST #902-A POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DC Ackery, Penny 232 NE 22 Ave, #1 Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIGHE, DEBRA 2136 NE 17 AVE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Tighe, Debra 2136 NE 17 Ave Wilton Manors, FL 33305 (Correction)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSON, LENA 5341 SW 1 ST FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Parsons, Lena 5341 SW 1st Plantation, FL 33317 (Correction)	
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.					
<b>SIGNATURE: Patricia R. Bagan Patricia R. Bagan, Treas. 4-105 954-818-2452</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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