

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90191 047 ****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	
2. Principal Place of Business 2517 NE 37th Street Suite, Apt. #, etc.				3. Mailing Address 2517 NE 37th Street Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 59-6210249	
Zip 33308		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAGAN, PATRICIA R 4800 BAYVIEW DRIVE #801 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Robert E. Schwarm Street Address (P.O. Box Number is Not Acceptable) 2517 N.E. 37th Street City Fort Lauderdale FL Zip Code 33308	
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 Robert E. Schwarm, Treas. <i>Robert E. Schwarm</i> 2/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
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 33308-4800 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert E. Schwarm 2517 N.E. 37th Street Fort Lauderdale FL 33308-6309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	DE ACKERLY, PENNY 223 NE 22 AVE #4 POMPANO BEACH, FL 33062 <input checked="" 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	S TIGHE, DEBRA 2408 NE 17 AVE WILTON MANORS, FL 33305 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Marcia Militello 3304 SW 14th Street Fort Lauderdale FL 33312-3686 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSON, LENA 5341 SW 1 ST PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Robert E. Schwarm, Treas. <i>Robert E. Schwarm</i> 2/24/06 954-563-5225 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50001578



02242006 Chg-NP CR2E037 (11/05)