

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

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-04-2008 90033 046 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # 713923			
1. Entity Name CORAL RIDGE SAIL AND POWER SQUADRON, INC.			
Principal Place of Business 2517 NE 37TH ST FORT LAUDERDALE FL 33308 US		Mailing Address 2517 NE 37TH ST FORT LAUDERDALE FL 33308 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2517 NE 37th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ft. Lauderdale, FL 33308	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6210249		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARM, ROBERT E 2517 NE 37TH ST FORT LAUDERDALE FL 33308 <i>Note: Paid check No. 2942 1/13/08</i>		7. Name and Address of New Registered Agent 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 <u>Robert E Schwarm, Treasurer</u> JAN 26 2008 Signature, typed or printed name of registered agent or director (NOTE: Any agent or director signing this report is required to sign this statement.) 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 NAME STREET ADDRESS CITY-ST-ZIP	BAGAN, PATRICIA R 4800 BAYVIEW DRIVE #801 FORT LAUDERDALE FL 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHWARM, ROBERT E 2517 NE 37TH ST FORT LAUDERDALE FL 33308-6309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEO CASSINI, CHARLES J 1805-C DUCKIN DRIVE BOCA RATON FL 33434 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAINES, MICHAEL 700 BLUEBIRD LANE FORT LAUDERDALE FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>Education Officer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Michael W. Turner 1931 NE 60th Street Ft Lauderdale FL 33308-1125</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>Commander</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Marcio A. Mili Tello 3304 SW 14th Street Ft. Lauderdale FL 33312-3696</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>Executive Officer</i>
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: <u><i>[Signature]</i></u> Commander		Date <u>3-02-08</u> Daytime Phone #	