

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90165 050 ****61.25

DOCUMENT # 713923

1. Entity Name

CORAL RIDGE SAIL AND POWER SQUADRON, INC.



Principal Place of Business

1537 E. HILLSBORO BLVD., #441
DEERFIELD BEACH FL 33441
US

Mailing Address

1537 E. HILLSBORO BLVD., #441
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

4800 Bayview Drive

Suite, Apt. #, etc.

#801

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Address

4800 Bayview Drive

Suite, Apt. #, etc.

#801

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

KALT, LOYD E TREAS
1537 E. HILLSBORO BLVD., #441
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **Bagan, Patricia R.**

Street Address (P.O. Box Number is Not Acceptable)

4800 Bayview Dr. #801

City

Ft. 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

Patricia R. Bagan, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-03

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **SD** ☐ Delete
NAME **BLADE, JANET S**
STREET ADDRESS **3120 NW 67TH CT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **T** ☒ Delete
NAME **KALT, LOYD E**
STREET ADDRESS **1537 E HILLSBORO BLVD #441**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **DC** ☒ Delete
NAME **MILITELLO, ANTHONY**
STREET ADDRESS **3304 SW 14 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **DEO** ☐ Delete
NAME **IMHOF, CARIN D**
STREET ADDRESS **36 MEACHAN LANE**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☒ Change ☐ Addition
NAME **Blade Janet S**
STREET ADDRESS **806 Cypress Grove Lane #307**
CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE **T** ☐ Change ☐ Addition
NAME **Bagan, Patricia R.**
STREET ADDRESS **4800 Bayview Dr. #801**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308-4809**

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

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

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Marilee Caliendo**
CITY-ST-ZIP **2453 SE 155th
Pompano Beach, FL 33062-7503**

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 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, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

954-818-2452

Daytime Phone #

CR2E037 (10/02)