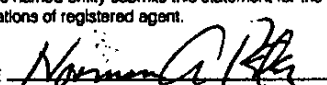


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

03-24-2005 90029 028 *****8.75

04-25-2005 90217 026 *****52.50

DOCUMENT # 722044					
1. Entity Name NAPLES SAIL AND POWER SQUADRON, INC.					
Principal Place of Business 297 AIRPORT RD N NAPLES, FL 33942			Mailing Address 297 AIRPORT RD N NAPLES, FL 33942		
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 59-6209881	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANE, ARTHUR S 1560 DOLPHIN LA NAPLES, FL 34102			Name NORMAN A. PETER		
			Street Address (P.O. Box Number is Not Acceptable)		
			279 ALBI RD # 3		
			City NAPLES		Zip Code FL 34112
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$81.25 Due by May 1, 2005		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	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SANDERS, ERNEST G.		NAME		
STREET ADDRESS	257 DEERWOOD CIRCLE UNIT #1		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	C	☒ Delete	TITLE	COMMANDER	☐ Change ☒ Addition
NAME	THORKELSON, PETER		NAME	JAMES McDONALD	
STREET ADDRESS	1511 WHISPERING OAKS CIR		STREET ADDRESS	700 DIAMOND CIRCLE #8	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD	☒ Delete	TITLE	TREASURER	☐ Change ☒ Addition
NAME	LANE, ARTHUR S		NAME	NORMAN A. PETER	
STREET ADDRESS	1560 DOLPHIN LANE		STREET ADDRESS	279 ALBI RD. # 3	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	EO	☒ Delete	TITLE	ADMINISTRATIVE OFF	☐ Change ☒ Addition
NAME	MCDONALD, JAMES		NAME	DONALD WALBER	
STREET ADDRESS	700 DIAMOND CIRCLE #8		STREET ADDRESS	7142 32ND AVE. SW	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	AO	☒ Delete	TITLE	EXECUTIVE OFFICER	☐ Change ☒ Addition
NAME	LAWSON, JAMES		NAME	JAMES LAWSON	
STREET ADDRESS	832 CARRICK BEND DR		STREET ADDRESS	832 CARRICK BEND DR.	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GILL, JOHN		NAME		
STREET ADDRESS	3142 W. CROWN BEND DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		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)(l), 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:  3/24/05 (231) 417 5576					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

20042975



02092005 Chg-NP CR2E037 (10/03)