


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90035 049 ****70.00

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 - No P.O. Box #		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 <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETER, NORMAN A 279 ALBI RD, # 3 NAPLES, FL 34112		Name ROBERT D HARVEY Street Address (P.O. Box Number is Not Acceptable) 579 CROSSFIELD CIRCLE NAPLES, FL 34104 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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	EO SANDERS, ERNEST G. 1494 GULF COAST DR. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO BERRY, PAGE E 7024 LEOPARDI COURT NAPLES, FL 34114 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR LAWSON, JAMES 832 CARRICK BEND RD. #102 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR CDR WILLIAMS, JEANNE P.O. BOX 1673 NAPLES FL 34106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETER, NORMAN A 270 ALBI RD, # 3 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. LANE, ARTHUR S 1560 DOLPHIN LANE NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AO WALKER, DONALD 7142 32ND AVE SW NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD VIAZANKO, EMERY 20060 CHAPEL TRACE ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XO WILLIAMS, JEANNE P.O. BOX 1673 NAPLES, FL 34106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XO HARVEY, ROBERT D 579 CROSSFIELD CIRCLE NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILL, JOHN 3142 W. CROWN BEND DR NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY DELLAS, GEORGE 4255 GULF SHORE BLVD NORTH # 906 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input checked="" 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: <u>Jeanne Williams</u>		SIGNATURE: <u>JEANNE S. WILLIAMS</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2/14/07</u> 239-263-6099	
		Daytime Phone #	

40020676



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