

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722044

FILED
Apr 24, 2008
Secretary of State

Entity Name: NAPLES SAIL AND POWER SQUADRON, INC.

Current Principal Place of Business:

297 AIRPORT RD N
NAPLES, FL 33942

New Principal Place of Business:

Current Mailing Address:

297 AIRPORT RD N
NAPLES, FL 33942

New Mailing Address:

FEI Number: 59-6209881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, ROBERT D
579 CROOSFIELD CR.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EO () Delete
Name: BERRY, PAGE E
Address: 7024 LEOPARDI CT.
City-St-Zip: NAPLES, FL 34114

Title: CDR () Delete
Name: WILLIAMS, JEANNE
Address: P.O. BOX 1673
City-St-Zip: NAPLES, FL 34106

Title: T () Delete
Name: LANE, ARTHUR S
Address: 1560 DOLPHIN LN.
City-St-Zip: NAPLES, FL 34102

Title: AO () Delete
Name: VIAZMNKO, EMERY
Address: 20050 CHAPEL TRACE
City-St-Zip: ESTERO, FL 33928

Title: S () Delete
Name: DELLAS, GEORGE
Address: 4255 GULF SHORE BLVD. N., 906
City-St-Zip: NAPLES, FL 34103

Title: XO () Delete
Name: HARVEY, ROBERT D
Address: 579 CROSSFIELD CR.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CDR (X) Change () Addition
Name: HARVEY, ROBERT D
Address: 579 CROSSFIELD CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: XO (X) Change () Addition
Name: LACY, RONALD
Address: 7602 SAN SEBASTIAN WAY
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR S. LANE

TREA

04/24/2008

Electronic Signature of Signing Officer or Director

Date