

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90778 035 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

**LANE, ARTHUR S
1560 DOLPHIN LA
NAPLES FL 34102**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **SANDERS, ERNEST G.**
STREET ADDRESS **257 DEERWOOD CIRCLE UNIT #1**
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** ☒ Delete
NAME **IRVING, EDWARD**
STREET ADDRESS **27760 RIVERWALK WAY**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **TD** ☐ Delete
NAME **LANE, ARTHUR S**
STREET ADDRESS **1560 DOLPHIN LANE**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ Delete
NAME **WARD, ARCHIE**
STREET ADDRESS **199 LADY PALM DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☐ Delete
NAME **LLOMPART, JOSE**
STREET ADDRESS **1983 E. CROWN PT, BLVD.**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Delete
NAME **KILLEN, MARIANNE**
STREET ADDRESS **69650 HUNTERS RD**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **JAMES LAWSON VD** ☐ Change ☒ Addition
NAME **JAMES LAWSON**
STREET ADDRESS **832 CARRICK BEND CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VD** ☒ Change ☐ Addition
NAME **PETER THORKELOSON**
STREET ADDRESS **1511 WHISPERING OAKS CIR.**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VD** ☐ Change ☒ Addition
NAME **JOHN GILL**
STREET ADDRESS **3142 W. CROWN POINTE BLVD**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **VD** ☒ Change ☐ Addition
NAME **JAMES McDONALD**
STREET ADDRESS **700 DIAMOND CIR. #8**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VD** ☐ Change ☒ Addition
NAME **NORMAN PETER**
STREET ADDRESS **279 ALB RD #3**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **PD** ☒ Change ☐ Addition
NAME **KILLEN, MARIANNE**
STREET ADDRESS **69650 843 MARBLEHEAD DR**
CITY-ST-ZIP **NAPLES, FL 34104**

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:

ARTHUR S. LANE
ARTHUR S. LANE

3/6/03 239-774-0447

CR2E037 (10/02)