

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90034 041 ****61.25

DOCUMENT # 724801
 1. Entity Name
 DAYTONA BEACH SAIL AND POWER SQUADRON, INC.



Principal Place of Business Mailing Address
 1220 MARDRAKE ROAD 1220 MARDRAKE ROAD
 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1020 INDIAN OAKS, W 1020 INDIAN OAK, W
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 ORMOND BEACH, FL ORMOND BEACH, FL
 Zip Country Zip Country
 32117 USA 32117 USA

4. FEI Number 59-6152411 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DAVID K. SIGERSON, ESQ.
 192 VINING CT
 ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent
 Name Robert D. MEYER
 Street Address (P.O. Box Number is Not Acceptable)
 101 HAYBALE TR
 City ORMOND BEACH FL Zip Code 32174

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 Robert D. Meyer DATE 2/21/2008
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	S	<input type="checkbox"/> Delete
NAME	BRAY, BOBBY J	
STREET ADDRESS	341 AREATHA DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, CHERYL	
STREET ADDRESS	1020 INDIAN OAKS W	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SPENCE, ROBERT J	
STREET ADDRESS	1220 MARDRAKE ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRUDA, JR, THOMAS R	
STREET ADDRESS	835 N RIDGE WOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUDA, JR THOMAS R	
STREET ADDRESS	835 RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, BOBBY J.	
STREET ADDRESS	341 AREATHA DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, CHERYL	
STREET ADDRESS	1020 INDIAN OAKS, W	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRUDA, KIM BERLY R	
STREET ADDRESS	835 RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBI E. MOSES	
STREET ADDRESS	105 GRAND OAKS CIR.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Cheryl W. Martinez Cheryl W. MARTINEZ 3/20/08 386-254-2797