

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 17, 2009
Secretary of State

DOCUMENT# 727465

Entity Name: SARASOTA SAILING SQUADRON, INC.**Current Principal Place of Business:**1717 KEN THOMPSON PKWY
SARASOTA, FL 34236 US**New Principal Place of Business:****Current Mailing Address:**1717 KEN THOMPSON PKWY
SARASOTA, FL 34236 US**New Mailing Address:****FEI Number:** 59-1943529**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARNEBY, MARK P
1301 6TH AVENUE WEST, STE 401
BRADENTON, FL 34205 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: T () Delete
Name: CASTLEMAN, TOM
Address: 1717 KEN THOMPSON PKWY
City-St-Zip: SARASOTA, FL 34236

Title: COMM () Delete
Name: PRESSMAN, ALLAN
Address: 1717 KEN THOMPSON PKWY
City-St-Zip: SARASOTA, FL 34236

Title: VCOM () Delete
Name: HUBER, JOHN
Address: 1717 KEN THOMPSON PKWY
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: JENNINGS, DAVID
Address: 1717 KEN THOMPSON PKWY
City-St-Zip: SARASOTA, FL 34236

Title: RCOM () Delete
Name: MCCORMACK, STEVE
Address: 1717 KEN THOMPSON PKWY
City-St-Zip: SARASOTA, FL 34236

Title: FCPT () Delete
Name: ALLEN, SARA
Address: 1717 KEN THOMPSON PKWY
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: LEE, MICHELLE
Address: 1717 KEN THOMPSON PKWY
City-St-Zip: SARASOTA, FL 34236

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

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

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

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

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: MICHELLE LEE

TRES

07/17/2009

Electronic Signature of Signing Officer or Director

Date