


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 731984 1. Entity Name CLEARWATER SAIL AND POWER SQUADRON, INC.	
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Principal Place of Business 1000 CLEVELAND ST. CLEARWATER, FL 34615-4514	Mailing Address 1000 CLEVELAND ST. CLEARWATER, FL 34615-4514
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6130985	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAWBEY, PETER W 1000 CLEVELAND ST CLEARWATER, FL 33755
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MAWBEY, PETER W 18 BEL FOREST DR. LARGO, FL 337702747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MORETTI, WILLIAM 2404 LIGHTHOUSE DRIVE PALM HARBOR, FL 346851629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TOROK, KAREN M 3203 HILLTOP LN LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/07-80076-022 70.00

**DO NOT WRITE
IN THIS SPACE**

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:  TREASURER	1/17/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>