## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 734287**

FILED Jan 14, 2009 Secretary of State

Entity Name: PUNTA GORDA SAILING CLUB, INC.

LIS

**Current Principal Place of Business: New Principal Place of Business:** 

2001 SHREVE STREET PUNTA GORDA, FL 33951

**Current Mailing Address: New Mailing Address:** 

PO BOX 510028

PUNTA GORDA, FL 33951 US

FEI Number: 52-1323283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALESSANDRONI, PAUL 122 GILL ST

PUNTA GORDA, FL 33950 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition FILLER, WENDY BUCK, SARAH Name: Name: 442 GASPAR KEY LANE Address: 442 GLENNGARYCIRCLE Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33982

Title: VD () Delete Title: VD (X) Change ( ) Addition

Name: ANDERSON, MARY Name: BRAUER, EDWARD Address: 2000 BAL HARBOR BLVD #212 Address: 241 DUXBURY AVENUE City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD () Delete Title: () Change () Addition

HALLER, JERRY Name: Name: 2735 BAY COURT Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip:

Title: SD ( ) Delete Title: () Change () Addition

Name: TESSIER, JUDITH Name: Address: 3336 TRIPOLI BLVD Address: City-St-Zip: PUNTA GORDA, FL 33950 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: JUDITH M TESSIER SD 01/14/2009