

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90229 048 ****61.25

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01082006 Chg-NP CR2E037 (11/05)

DOCUMENT # 737965 1. Entity Name BOCA CIEGA SAIL AND POWER SQUADRON, INC.					
Principal Place of Business 130 126TH AVENUE EAST TREASURE ISLAND, FL 33706			Mailing Address 130 126TH AVENUE EAST TREASURE ISLAND, FL 33706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 95-1715554			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIER, BEVERLY A 13323 87 TH. PL. N. SEMINOLE, FL 33776			Name LINDA KRODEL Street Address (P.O. Box Number is Not Acceptable) 10850 SPRING ST. City LARGO, FL. FL Zip Code 33774		
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 <i>Linda N Krodel</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-12-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> 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 NAME STREET ADDRESS CITY-ST-ZIP	D HANNA, EDVARDO 471 HAVEN PT. D TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELDER, RANDALL 495 HAVEN PT DR SAINT PETERSBURG, FL 33706	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AO BADEN, BEVA J 601 BAYSHORE DR S. SAINT PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIER, BEVERLY A 13323 87TH PL. N. SEMINOLE, FL 33776	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAEHECO, E L 12647 116TH ST. N. LARGO, FL 33778	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hanna, Edwardo 471 Haven Pt. Dr. Treasure Island, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Santos, Joseph 365 Boca Ciega Pt. Blvd. St. Petersburg, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Krodel, Linda 10850 Spring St. Largo, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Partie, Wayne 7511 W. Henry Ave. Tampa FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dabney, Bedford 513 Sandy Hook Rd. Treasure Island, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Linda N Krodel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-12-06 <small>Daytime Phone #</small>		