

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738338

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** KEY WEST SAIL & POWER SQUADRON, INC.

**Current Principal Place of Business:**

5205 COLLEGE ROAD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 59-6151466      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GILLETTE, WILLIAM R.  
1415 TRUMAN AVE.  
KEY WEST, FL 33040      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: PD      ( ) Delete  
Name: SKINNER, ROBERT V  
Address: 701 SPANISH MAIN DRIVE  
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: TD      ( ) Delete  
Name: BELKENGREN, JOHN A  
Address: 1415 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 33040 US

Title: VD      ( ) Delete  
Name: MASLOWSKI, WALTER A  
Address: 612 BLACKBEARD ROAD  
City-St-Zip: LITTLE TORCH KEY, FL 33042 US

Title: SD      ( ) Delete  
Name: MASLOWSKI, JUDITH  
Address: 612 BLACKBEARD ROAD  
City-St-Zip: LITTLE TORCH KEY, FL 33042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD      (X) Change ( ) Addition  
Name: HALLDORSON, MARVIN H  
Address: 163 BLACKBEARD ROAD  
City-St-Zip: CUDJOE KEY, FL 33042 US

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

Title: PD      (X) Change ( ) Addition  
Name: MASLOWSKI, WALTER A  
Address: 612 BLACKBEARD ROAD  
City-St-Zip: LITTLE TORCH KEY, FL 33042 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN A BELKENGREN

TD

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date