2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738338

FILED Apr 16, 2006 Secretary of State

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

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

5205 COLLEGE ROAD KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

P.O. BOX 5 P.O. BOX 5

KEY WEST, FL 33040 KEY WEST, FL 33041

FEI Number: 59-6151466 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:

GILLETTE, WILLIAM R. 1415 TRUMAN AVE. KEY WEST, FL 33040

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:

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Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition Name: HALLDORSON, MARVIN H Name: ARCUNI, LOIS E Address: 163 BLACKBEARD ROAD Address: 13 WEST CYPRESS TERRACE

City-St-Zip: CUDJOE KEY, FL 33042 US City-St-Zip: KEY WEST, FL 33040 US

Title: TD () Delete Title: () Change () Addition Name: BELKENGREN, JOHN A Name:

 Name:
 BELKENGREN, JOHN A
 Name:

 Address:
 1415 TRUMAN AVENUE
 Address:

 City-St-Zip:
 KEY WEST, FL 33040 US
 City-St-Zip:

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

Name:MASLOWSKI, WALTER AName:REEDER, GEORGE RAddress:612 BLACKBEARD ROADAddress:30 KEY HAVEN ROADCity-St-Zip:LITTLE TORCH KEY, FL 33042 USCity-St-Zip:KEY WEST, FL 33040 US

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

Name: MASLOWSKI, JUDITH Name: WAGNER, JILL
Address: 612 BLACKBEARD ROAD Address: P O BOX 421217

City-St-Zip: LITTLE TORCH KEY, FL 33042 City-St-Zip: SUMMERLAND KEY, FL 33042 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN A BELKENGREN TD 04/16/2006