

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90060 006 ****61.25

DOCUMENT # 739370

1. Entity Name

SAN CARLOS BAY SAIL & POWER SQUADRON INC



Principal Place of Business

Mailing Address

P.O. BOX 5026
FORT MYERS BEACH FL 33932

P.O. BOX 5026
FORT MYERS BEACH FL 33932



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7027967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILHELM, HELEN C
4289 MARINER WAY #210
FT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	State
NAME	RASONE, JOHN J	
STREET ADDRESS	8140 BRETON CIR	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	State
NAME	BLUMENFELD, GERALD J	
STREET ADDRESS	10100 CYPRESS COVE DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	State
NAME	COWAN, DORIS	
STREET ADDRESS	1477 SADDLEWOODE DR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	State
NAME	WILHELM, HELEN C	
STREET ADDRESS	4289 MARINER WAY #210	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOHL, LEO	
STREET ADDRESS	8847 STAGHORN WAY	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John J. RASONE	
STREET ADDRESS	10771 HALMOOR SHORE DR #107	
CITY-ST-ZIP	BOVITA SPRING FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD P. TERCIAR	
STREET ADDRESS	16881 DAVIS ROAD UNIT 824	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Helen C Wilhelm **HELEN WILHELM 2-13-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 489-0240