## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED DOCUMENT #740243**

Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90088 049 \*\*\*\*61.25

CATALIN	Ä 22 NAT	TIONAL SAILING A	ASSOCIATION, II	NC.									
3790 POST GATE RD 3790				ing Address 90 POST GATE RD MMING, GA 30040			40009827						
Principal Place of Business - No P.O. Box #     3. Mailing Address					-								
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			Chg-NP	CR2E037 (	12/06)				
City & State			City & State	City & State			4. FEI Number						
Zip	Country		Zip	Zip Cou		5. Certificate of Status Desired  \$8.75 Additional Fee Required							
	6. Name	and Address of Current	Registered Agent		News	7. Name and	Address of New R	egistøred Age	nt				
HAPSIS, GEORGE E. 2636 W. MISSION RD # 81 TALLAHASSEE, FL 32304					Name Street Address (P.O. Box Number is Not Acceptable)								
					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	e			
the obligation of the street o	ions of regist	y submits this statement for ered agent. or printed name of registered agent				gistered agent, or both	n, in the State of Flo	rida. I am fami	iliar with,	and accept			
<del></del>		or printed hearts or registered again.	and the happicades.	(NOTE: Nagrature	St Agent agretore to	edenad when textstatala)							
Filing Fee Is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
	_												
10.	_		Trust F		tion.	Added to Fees		ida Departme	ent of St	ate			
TITLE	Due by M	OFFICERS AND DIF	Trust F	und Contribut	tion.	Added to Fees	Flori	Ida Departme	ent of St	ate			
TITLE NAME	CD FOX, RICI	OFFICERS AND DIF	Trust F	und Contribut  11.  TITL NAM	E EE	Added to Fees	Flori	Ida Departme	TORS IN	10			
TITLE NAME STREET ADDRESS	CD FOX, RICI 46 E BLOO	OFFICERS AND DISTANT OFFICERS	Trust F	und Contribut  11.  TITL  NAM  STRI	E (E EET ADDRESS	Added to Fees	Flori	Ida Departme	TORS IN	10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOX, RICI 46 E BLOO WESTFIE	OFFICERS AND DIF	Trust F	und Contribut  11. TITL NAM STRI CITY	E RE EET ADDRESS (-ST-ZIP	Added to Fees ADDITIONS/CHA	Flori	Ida Departme	TORS IN	10 Addition			
TITLE NAME STREET ADDRESS	CD FOX, RICI 46 E BLOO	OFFICERS AND DIF OFFICERS AND DIF H OMFIELD LN. LD, IN 46074	Trust F	11. TITL NAM STRI CITY	E RE EET ADDRESS (-ST-ZIP E	Added to Fees ADDITIONS/CHA	Flori	Ida Departme	TORS IN	10			
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR