


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90065 019 ****61.25

DOCUMENT # 740752 1. Entity Name THE ST. PETERSBURG SAIL AND POWER SQUADRON, INC.					
Principal Place of Business 5920 BAHIA WAY N ST. PETE BEACH, FL 33706 US			Mailing Address 5920 BAHIA WAY N ST. PETE BEACH, FL 33706 US		
2. Principal Place of Business - No P.O. Box # 3025 44th AVE NO		3. Mailing Address 3025 44th AVE NO			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL		4. FEI Number 59-6149158	
Zip 33714		Country US		Applied For Not Applicable	
Zip 33714		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARSON, FREDERICK 8600 15TH STREET, N. ST PETERSBURG, FL 33702			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR SELLERS, FRED <input checked="" type="checkbox"/> Delete 523 BOCA CIEGA PT. BLVD S SAINT PETERSBURG, FL 33708				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXO KRUPA, SANDRA <input checked="" type="checkbox"/> Delete 8950 PARK BLVD, #305 SEMINOLE, FL 33777				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO HADFIELD, DAVID <input checked="" type="checkbox"/> Delete 5571 65TH AVENUE N PINELLAS PARK, FL 33781				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDO BECKMAN, KENNETH <input checked="" type="checkbox"/> Delete 4569 40TH ST S SAINT PETERSBURG, FL 33711				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MORRIS, ANNA <input checked="" type="checkbox"/> Delete 8213 MALVERN CIRCLE TAMPA, FL 33634				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ERETT, PATRICIA <input checked="" type="checkbox"/> Delete 5920 BAHIA WAY N. ST. PETE BEACH, FL 33706				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRUPA, SANDRA 8950 PARK BLVD #305 SEMINOLE, FL 33777				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ETBACH WILLIAM J. 1643 WATERMARK CIR. NE ST. PETERSBURG, FL 33702				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHAMBERLAIN, R.T. 4159 SALTWATER AVE. TAMPA, FL 33615				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FARNUM, STUART G. 5541 LA PUERTA DEL SOL BLVD #312 ST. PETERSBURG, FL 33715				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARILYN VAN GOEY 1100 DINEENBAY WAY - J3 TIERRA VERDE, FL 33715				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDA S. ALBRECHT 3025 44th AVE NO ST. PETERSBURG, FL 33714				
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: <u>Linda S. Albrecht</u> LINDA S. ALBRECHT 2-28-07 727-522-7662 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					