


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90061 035 ****61.25

DOCUMENT # 748539		
1. Entity Name MARCO ISLAND SAIL AND POWER SQUADRON, INC.		

Principal Place of Business 1114 N. COLLIER BLVD. MARCO ISLAND, FL 34145 US	Mailing Address 1114 N. COLLIER BLVD. MARCO ISLAND, FL 34145 US
---	---

40057140



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1922657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOFFZE, JOHN P 840 S COLLIER BLVD 701 MARCO ISLAND, FL 34145		Name ERIN OLMES Street Address (P.O. Box Number is Not Acceptable) 1414 Auburndale Ave City MARCO ISLAND FL Zip Code 34145	

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 *Erin J. Olmes* **ERIN J. OLMES** **3/14/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLMES, ERIN J. 1414 AUBURNDAL AVE. MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAGH, PATRICIA 228 BASS COURT MARCO ISLAND, FL 341453502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARKNESS, DOROTHY A 1651 BARBADOS CRT MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 VIRGINIA S. GIBSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1281 64 Ave MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAVANAGH, JOHN 228 BASS CRT MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 CYNTHIA A. BRAUN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 366 Rockhill Ct MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cynthia A. Braun* **CYNTHIA A. BRAUN** **3/14/07** **239/394-0621**
Signature and typed or printed name of signing officer or director Date Daytime Phone #