2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #748539

1. Entity Name

MARCO ISLAND SAIL AND POWER SQUADRON, INC.



FILED Jan 17, 2008 08:00 AM Secretary of State

Principal Place of Business

1114 N. COLLIER BLVD. MARCO ISLAND, FL 34145

HS

Mailing Address

1114 N. COLLIER BLVD. MARCO ISLAND, FL 34145

US



01062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1922657

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

OLMES, ERIN 1414 AUBURNDALE AVE MARCO ISLAND, FL 34145

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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					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000787783 01/18/08-80014-007 61.25
10: OFFICERS AND DIRECTORS					
TITLE	D				
NAME	OLMES, ERIN J.				
STREET ADDRESS	1414 AUBURNDALE AVE.				
CITY-ST-ZIP	MARCO ISLAND, FL 34145				

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TITLE NAME CAVANAGH, PATRICIA STREET ADDRESS 228 BASS COURT CITY-ST-ZIP MARCO ISLAND, FL 341453502 TITLE NAME GIBSON, VIRGINIA STREET ADDRESS 1281 6TH AVE CITY-ST-7IP MARCO ISLAND, FL 34145 TITLE NAME BRAUN, CYNTHIA A STREET ADDRESS 266 ROCKHILL CT CITY-ST-ZIP MARCO ISLAND, FL 34145 TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: pthe a Horacon Cyn

CYNTHIA A. BROWN

1/14/08

239/39-062