NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN 27 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800021172008
06/27/03--01022--002 **61.25

DOCUMENT # 748539

1. Entity Name

MARCO ISLAND SAIL AND POWER SQUADRON, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1114 N. COLLIER BLVD.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARCO ISLAND, FL	City & State:
Zip: 34145- Country: USA	Zip: Country:

4. FEI Number: 59-1922657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: RICHARD W. ROGERS

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

750 WATERFORD DRIVE #101

City: NAPLES **FL** Zip Code: 34113-8067

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: Richard W. Rogers 6/20/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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
NAME	RICHARD W. ROGERS
STREET ADDRESS	750 WATERFORD DR. #101
CITY-ST-ZIP	NAPLES, FL 34113-8067
TITLE	D
NAME	JOHN A. MARTENS
STREET ADDRESS	243 SEAHORSE CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D
NAME	ANDREA BATTAGLIA
STREET ADDRESS	1450 CUTLER CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145-5843
TITLE	T
NAME	PATRICIA CAVANAGH
STREET ADDRESS	228 BASS CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145-3502
TITLE	S
NAME	JOANNE M. FOOTE
STREET ADDRESS	991 COLLIER CT #A109
CITY-ST-ZIP	MARCO ISLAND, FL 34145
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Cavanagh 6/18/03 239-393-9158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #