

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90043 006 ****61.25

DOCUMENT # 751082

1. Entity Name
MARATHON SAIL AND POWER SQUARDON, INC.



Principal Place of Business
5141 LOGERHEAD LN
MARATHON, FL 33050

Mailing Address
P.O. BOX 500055
MARATHON, FL 33050 US

40006145



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6152243

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEFFERNAN, WILLIAM JR
9703 OVERSEAS HWY
MARATHON, FL 33050

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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	COMD	<input type="checkbox"/> Delete
NAME	MAGNOTTI, RALPH A	
STREET ADDRESS	201 STIRRUP KEY BLVD	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	EO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTELYOU, GAIL	
STREET ADDRESS	30 SADOWSKI CAUSEWAY	
CITY-ST-ZIP	KEY COLONY BEACH, FL 330510612	
TITLE	ADMD	<input checked="" type="checkbox"/> Delete
NAME	CORTELOU, GAIL	
STREET ADDRESS	30 SADOWSKI CAUSEWAY	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	
TITLE	AO	<input checked="" type="checkbox"/> Delete
NAME	ABSTEIN, GREG	
STREET ADDRESS	P.O. BOX 522379	
CITY-ST-ZIP	MARATHON SHORES, FL 330522379	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRAUSE, LOIS	
STREET ADDRESS	401 5TH STREET	
CITY-ST-ZIP	KEY COLONY BEACH, FL 330510552	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARSON, ERIC	
STREET ADDRESS	321 9TH STREET	
CITY-ST-ZIP	KEY COLONY BEACH, FL 330510468	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNOTTI, RALPH A	
STREET ADDRESS	201 STIRRUP KEY BLVD	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	CMR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTELYOU, GAIL	
STREET ADDRESS	30 SADOWSKI CAUSEWAY	
CITY-ST-ZIP	KEY COLONY BCH, FL 33051	
TITLE	ADM OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANNON, GORDON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, CARL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: GAIL CORTELYOU 1/14/05 305-289-1295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #