


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90050 006 ****61.25

DOCUMENT # 763992 1. Entity Name AMELIA ISLAND SAILING CLUB, INCORPORATED					
Principal Place of Business P.O. BOX 1363 FERNANDINA BCH, FL 32034			Mailing Address P.O. BOX 1363 FERNANDINA BCH, FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2804571					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HOLCOMB, DARRELL 303 CENTRE ST STE 105 VILLA #313 FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	T BASS, LINDA <input type="checkbox"/> Delete P.O. BOX 15847 FERNANDINA BEACH, FL 32035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SOKOLOWSKI, GENE <input type="checkbox"/> Delete 2907 BREAKERS DR FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commodore Hanko Rosenblad <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 96057 Glenwood Rd. Yulee, FL 32097	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCD BLANCHARD, JOE <input type="checkbox"/> Delete 1008 NATURES-WALK DRIVE; UNIT B FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ROSENBLAD, HANKO <input type="checkbox"/> Delete 96057 GLENWOOD RD YULEE, FL 32097		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Commodore Roger Henderson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 591 Piney Island Dr. Fernandina Beach, FL 32034	
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda Bass</i> Linda Bass			1/31/05 904-277-4398		