2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002719

FILED Jan 14, 2008 Secretary of State

Entity Name: NORTH AMERICAN MULTIHULL SAILING ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
6 CORAL KEY LARG	WAY GO, FL 33037			
Current Mailing Address:			New Mailing Address:	
PO BOX 2 KEY LARC	2060 GO, FL 33037			
FEI Number	r:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
WELLS, M 3 CORAL				
KEY LARG	GO, FL 33037 e named entity su	US ubmits this statement for the μ	ourpose of changing its registere	ed office or registered agent, or both,
KEY LARO The above n the State	GO, FL 33037 e named entity so e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
KEY LARG	GO, FL 33037 e named entity sue of Florida. RE:			ed office or registered agent, or both, Date
KEY LARC The above n the Stat SIGNATU	GO, FL 33037 e named entity sue of Florida. RE:	ubmits this statement for the positions of the positions of Registered Age	ent	
KEY LARC The above In the State SIGNATU OFFICER Title: Name: Address:	e named entity sue of Florida. RE: Electronic	ubmits this statement for the positions of Registered Age ORS: Delete	ent	Date
KEY LARC The above n the Stat SIGNATU	e named entity so e of Florida. RE: Electronic S AND DIRECT D () I WHITE, RICK PO BOX 2660 KEY LARGO, FL	ubmits this statement for the positions of Registered Age ORS: Delete 33037 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK WHITE D 01/14/2008