2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N01000002969

Entity Name: US SAILING FOUNDATION OF MARTIN COUNTY, INC.

Current Principal Place of Business:

1955 NE INDIAN RIVER DR.
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1955 NE INDIAN RIVER DR.
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEALEY, DENISE
1955 NE INDIAN RIVER DR
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEFORT, ROBERT J JR
Address: 4500 NE SPINNAKER POINT PL
City-St-Zip: STUART, FL 34996

Title: TD ( ) Delete
Name: RICH, CAMPBELL
Address: 100 SE FLAMINGO AVENUE
City-St-Zip: STUART, FL 34996

Title: SD ( ) Delete
Name: SANDS, DOUG
Address: 300 COLORADO AVE
City-St-Zip: STUART, FL 34994

Title: VD ( ) Delete
Name: WEBER, JEFFERY L
Address: 2980 SE DOMINICA TERRACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT J. LEFORT JR. PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date