


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90383 007 ****61.25

DOCUMENT # N02000001110 1. Entity Name SANIBEL-CAPTIVA SAIL AND POWER SQUADRON, INC.			
Principal Place of Business 1633 PERIWINKLE WAY STE A SANIBEL, FL 33957		Mailing Address C/O TIMOTHY J MURTY 1633 PERIWINKLE WAY SANIBEL, FL 33957 44	
2. Principal Place of Business - No P.O. Box # P.O. BOX 136 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 136 Suite, Apt. #, etc.	
Sanibel, FL 33957 City & State		Sanibel, FL City & State	
33957 Zip		33957 Zip	
USA Country		USA Country	
4. FEI Number 04-3632398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURTY, TIMOTHY J ESQ 1633 NPERIWINKLE WAY STE A SANIBEL, FL 33957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 2008		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROTHERS, JAMES 2459 HARBOUR LANE SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESKEW, MILENA 14860 DAVID DR FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARWELL, EDWARD 15299 BAHAI LANE FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBOTT, MARY PAIGE 5391 SHEARWATER DR SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARNEY, FAY 1767 SERENITY LANE SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEAL, MICHAEL 15841 TURNBRIDGE CT FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commander Hay, William L. 1476 Sand Castle Rd Sanibel, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Officer Rice, Donald H. 918 Limpet Dr Sanibel, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrative Officer Clevenger, Victor R. P.O. Box 133 Sanibel, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Educational Officer Squittiari, Louis R. 5871 Sanibel Captiva Rd Sanibel, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Fitzgerald, Thomas J. 1194 Harbour Cottage CT Sanibel, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kentner, David P. 1083 Bird Lane Sanibel, FL 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		David P. Kentner, Treasurer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date April 23, 2008	