FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -8 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04179 (0)

1. Corporation Name

ST. PETE SAILING CLUB, INCORPORATED

Principal Place of Business	Mailing Address
C/O GEORGE PALMER 11282 OAKRIDGE TRAIL SEMINOLE FL 34642	C/O GEORGE PALMER 11282 OAKRIDGE TRAIL SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1984
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2953444 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % Millie Nasta	26 % Millie Nasta
22 Suite, Apt. #, etc. 1920 Sandra Drive	27 Suite, Apt. #, etc. 1920 Sandra Drive
23 City & State Clearwater FL	28 City & State Clearwater, FL
24 Zip 34624 25 Country USA	29 Zip 34624 30 Country USA

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMER, GEORGE
11282 OAKRIDGE TRAIL
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: ~~George~~ Millie Nasta
82 Street Address (P.O. Box Number is Not Acceptable): 1920 Sandra Drive
83
84 City: Clearwater FL 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dorothy L. Wolski Dorothy L. Wolski Treasurer 2/23/95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PALMER, GEORGE	1.2 NAME	Millie Nasta	
STREET ADDRESS	11282 OAKRIDGE	1.3 STREET ADDRESS	1920 Sandra Drive	
CITY-ST-ZIP	SEMINOLE FL 33642	1.4 CITY-ST-ZIP	Clearwater FL 34624	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KLEIBERT, DELORES	2.2 NAME	Jean Pelligrini	
STREET ADDRESS	4211 FOGCUTTER COURT	2.3 STREET ADDRESS	2554 Westbrook	
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	Clearwater FL 34621	
TITLE	TD	3.1 TITLE	T	☒ Change ☐ Addition
NAME	NASTA, MILLIE	3.2 NAME	Dorothy L. Wolski	
STREET ADDRESS	1920 SANDRDA DR.	3.3 STREET ADDRESS	4517 Orange wood Loop W.	
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	Lakeland FL 33815-1951	
TITLE	SD	4.1 TITLE	S	☒ Change ☐ Addition
NAME	DOWD, JOAN	4.2 NAME	Marge Rolf	
STREET ADDRESS	16103 4 ST E	4.3 STREET ADDRESS	3160 Sunset Dr. No.	
CITY-ST-ZIP	REDINGTON BCH FL	4.4 CITY-ST-ZIP	St. Petersburg FL 33710	
TITLE	FC	5.1 TITLE		☐ Change ☐ Addition
NAME	LEDERER, LEWIS	5.2 NAME		
STREET ADDRESS	25211 51ST S.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy L. Wolski Treasurer 2/23/95 813-534-0563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Dorothy L. Wolski

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