2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N07000000476

Entity Name: SAILFISH EMPLOYEE AID FUND, INC.

Current Principal Place of Business:

7018 SE HARBOR CIR
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

7018 SE HARBOR CIR
STUART, FL 34996

New Mailing Address:

FEI Number: 20-8251233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, KENNETH A
2400 SE FEDERAL HWY FOURTH FL
STUART, FL 34994 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:	D	( ) Delete
Name:	SCHIAVONE, MICHAEL	
Address:	7018 SE HARBOR CIR	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	MCINERNEY, ANN	
Address:	2001 SAILFISH PT BLVD #104	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	KELLY, MARILYN	
Address:	6641 SE HARBOR CIR	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	KNAPP, JULES	
Address:	2948 SE SOPUTHVIEW DR	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	EMERSON, GARY	
Address:	6930 SE LAKEVIEW TERR	
City-St-Zip:	STUART, FL 34996	

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:	D	(X) Change ( ) Addition
Name:	DELPRIORE, NANCY	
Address:	6941 SE HARBOR CIRCLE	
City-St-Zip:	STUART, FL 34996	
Title:	D	(X) Change ( ) Addition
Name:	MCCORMICK, BUZZ	
Address:	6761 SE NORTH MARINA WAY	
City-St-Zip:	STUART, FL 34996	

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: MICHAEL SCHIAVONE P 04/06/2009

Electronic Signature of Signing Officer or Director — Date