


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90010 006 \*\*\*\*61.25

<b>DOCUMENT # N19074</b>					
1. Entity Name MARATHON SAILING CLUB, INC.					
Principal Place of Business PO BOX 522746 MARATHON SHORES, FL 33052 US			Mailing Address PO BOX 522746 MARATHON SHORES, FL 33052 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2694708	
				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			7. Name and Address of New Registered Agent		
POPHAM, SHERRY 227 W SEAVIEW CIR CONCH KEY, FL 33050			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOISCH, PAUL	NAME			
STREET ADDRESS	PO BOX 500074	STREET ADDRESS			
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIER, MICHAEL	NAME			
STREET ADDRESS	110 BAYVIEW DR	STREET ADDRESS			
CITY-ST-ZIP	ISLAMADORA, FL 33036	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOUG, DANIELS	NAME	LARRY MURRAY		
STREET ADDRESS	526 MAIN ST	STREET ADDRESS	B22 97TH STREET OCEAN		
CITY-ST-ZIP	WEST HAVEN, CT 06516	CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARDNER, RIDGE	NAME			
STREET ADDRESS	97 COCO PLUM DR	STREET ADDRESS			
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEXLIN, LEEHMAN	NAME	LOIS GIFFEN		
STREET ADDRESS	100 52ND PALM PL, OCEAN	STREET ADDRESS	2000 MANDR LANE		
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	MARATHON, FL 33050		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	RICHARD FORTMAN		
STREET ADDRESS		STREET ADDRESS	712 60TH STREET GOLF		
CITY-ST-ZIP		CITY-ST-ZIP	MARATHON, FL 33050		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Richard Fortman</u>			RICHARD FORTMAN, TREAS. V6/04 (305)743-4135		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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