

FILE NOW: FILING FEE IS \$61.25

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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25066** (4)

1. Corporation Name

CHARLOTTE SAILING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**166 CROOP LN. S.E.
PORT CHARLOTTE FL 33952****166 CROOP LN. S.E.
PORT CHARLOTTE FL 33952-9115**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1988	3a. Date of Last Report 01/25/1996
21 104 Seville Place Suite, Apt. #, etc.		25 104 Seville Place Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State Port Charlotte FL		27 City & State Port Charlotte FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33952		28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33952		25 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAC INTYRE WILLIAM A.
166 CROOP LN.
PORT CHARLOTTE FL 33952**

81 Name Charles F. Sebastian
82 Street Address (P.O. Box Number is Not Acceptable) 104 Seville Place
83
84 City Port Charlotte
85 Zip Code FL 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  Sec'y/Treas. 14th Feb. 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PITT JACK A.		1.2 NAME MAC INTYRE, WILLIAM A.	
STREET ADDRESS 442 LONDRINA DR.		1.3 STREET ADDRESS 166 Croop Lane	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP Port Charlotte FL 33952	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEAVY JOHN C.		2.2 NAME FRIEDMAN, Robert	
STREET ADDRESS 403 TROPICAL NA		2.3 STREET ADDRESS 19189 Waterbury Court	
CITY-ST-ZIP PUNTA GORDA FL 33950		2.4 CITY-ST-ZIP Port Charlotte FL 33948	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAC INTYRE WILLIAM A.		3.2 NAME SEBASTIAN, CHARLES F.	
STREET ADDRESS 166 CROOP LANE		3.3 STREET ADDRESS 104 Seville Place	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		3.4 CITY-ST-ZIP Port Charlotte FL 33952	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Charles F. Sebastian Secy/Treas.** 14 Feb. 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 941-625-9029

CR2E037 (9/96)