


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90099 032 ****61.25

DOCUMENT # N30416 1. Entity Name FLORIDA WOMEN'S SAILING ASSOCIATION, INC.					
Principal Place of Business 948 RIVERSIDE RIDGE RD TARPON SPRINGS, FL 34688 US			Mailing Address 948 RIVERSIDE RIDGE RD TARPON SPRINGS, FL 34688 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03262007 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2365813	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NICHOLSON, FAY 948 RIVERSIDE RIDGE RD TARPON SPRINGS, FL 34688			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Fay C. Nicholson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>3/26/07</i> <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLSON, FAY 948 RIVERSIDE RIDGE RD TARPON SPRINGS, FL 34688		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, KATHY 100 CENTRAL AVE APT 813 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MERICLE, FRAN 5642 SHEFFIELD GREENE CIR SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUNDER, BETTY 2980 ALTON DR SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAPP, SUSAN 7833 1st Ave S. ST PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Fay C. Nicholson - FAY NICHOLSON</i>				Date <i>3/26/07</i> Daytime Phone # <i>727-934-7517</i>	