

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90067 001 \*\*\*\*70.00

<b>DOCUMENT # N36259</b> 1. Entity Name <b>SAILING ASSOCIATION OF MARCO ISLAND, INC.</b>					
Principal Place of Business <b>1211 LUDLAND CT. MARCO ISLAND, FL 34145 US</b>				Mailing Address <b>1211 LUDLAND CT. MARCO ISLAND, FL 34145 US</b>	
2. Principal Place of Business <b>PO Box 61</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 61</b> Suite, Apt. #, etc.			
City & State <b>Marco Island FL</b> Zip <b>34146</b>		City & State <b>Marco Island FL</b> Zip <b>34146</b>		4. FEI Number <b>59-2698935</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOODWARD, CRAIG R ESQUIRE 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND, FL 34145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Makes check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CARSTERSEN, GAIL 810 S BARFIELD DR MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENNING, KARL 950 SUNDROP CT. MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MILLS, GEN 617 DORANDO CT. MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD AUGHTON, MAUREEN 1570 BLUEFIN CT. NAPLES, FL 34102</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC HEARD, DEAN 1211 LUDLUM CT MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARRIS, BILL 1146 BALD EAGLE DR MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. Mary Laimbeer, Oregon 955 PRIS CT MARCO IS FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. Heard, Sheel 1211 Ludlum CT MARCO IS FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I 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 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.					
<b>SIGNATURE:</b> <b>William Harris</b> <b>4/11/04</b> <b>2893894560</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					