


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 038 ****61.25

DOCUMENT # N43312	
--------------------------	---

1. Entity Name NAPLES COMMUNITY SAILING CENTER, INC.	Principal Place of Business NAPLES LANDINGS NAPLES, FL 34102	Mailing Address P.O. BOX 1251 NAPLES, FL 34106
--	--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0261288	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	
PAGE, CHIP M 225 SOUTH LOGAN BLVD. NAPLES, FL 34119	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNOG, ROBERT A	NAME	
STREET ADDRESS	4400 GULFSHORE BLVD #502	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOEUR, PHILIP M JR.	NAME	
STREET ADDRESS	2231 FORREST LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, CHIP	NAME	
STREET ADDRESS	225 S. LOGAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMWAY, CHARLES C	NAME	
STREET ADDRESS	376 EDMERE WAY N.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CHARLES H	NAME	
STREET ADDRESS	754 16TH. AVE. S.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOONMAKER, JAMES M	NAME	Craig D. TIMMINS
STREET ADDRESS	3701 NELSONS WALK	STREET ADDRESS	76 Caribbean Road
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	Naples, FL 34108

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: Charles M Page **1/28/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #