

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90344 042 ****61.25

DOCUMENT # N43747

1. Entity Name

SAILING SINGLES CLUB, INC.



Principal Place of Business

12808 YACHT CLUB CIRCLE
FORT MYERS FL 33919
US

Mailing Address

P.O. BOX 6324
FORT MYERS BEACH FL 33932
US

50040435



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

65-0274378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERY, LESLIE
BONITA BILES MARINA
702 FISHERMANS WHARF
FORT MYERS BEACH FL 33931

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

Leslie A. Emery **LESLIE A. Emery**

1-25-05

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete
NAME EMERY, LES
STREET ADDRESS P.O. BOX 6324
CITY-ST-ZIP FORT MYERS BEACH FL 33932

TITLE S ☒ Delete
NAME HANSEN, JOY
STREET ADDRESS P.O. BOX 5015
CITY-ST-ZIP FORT MYERS BEACH FL 33932

TITLE T ☐ Delete
NAME TROWBRIDGE, CONNIE
STREET ADDRESS 2004 S.E. 26 TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VC ☐ Delete
NAME EVERS, WYATT
STREET ADDRESS 3918 EDGEWOOD
CITY-ST-ZIP FORT MYERS FL

TITLE C ☐ Delete
NAME EMERY, LESLIE
STREET ADDRESS PO BOX 6324
CITY-ST-ZIP FORT MYERS BEACH FL 33932

TITLE MD ☐ Delete
NAME HOOP, EVELYN
STREET ADDRESS 1209 SE 5TH STREET # 110
CITY-ST-ZIP CAPE CORAL FL 33990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Sec. CAROLE BURNS**
STREET ADDRESS **536 KEENAN AV.**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Leslie A. Emery* **LESLIE A. Emery** **1-25-05** **239-910-2865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #