


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 019 ****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
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2. Principal Place of Business 803 MONTICELLO Suite, Apt. #, etc.	3. Mailing Address 803 MONTICELLO Suite, Apt. #, etc.
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City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33904	Zip 33904
Country LEE	Country LEE

40099682



05152006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0274378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EMERY, LESLIE BONITA BILLS MARINA 702 FISHERMANS WHARF FORT MYERS BEACH, FL 33931	7. Name and Address of New Registered Agent Name: Connie Trowbridge Street Address (P.O. Box Number is Not Acceptable): 2004 S.E. 26 TER City: CAPE CORAL FL Zip Code: 33904
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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: Connie Trowbridge DATE: 7-15-2006
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 September 6, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EMERY, LES P.O. BOX 6324 FORT MYERS BEACH, FL 33932 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC George Nemes 813 MONTICELLO CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNS, CAROLE 536 KEENAN AVE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTHA ROBINSON 903 SAN CARLOS DR FORT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TROWBRIDGE, CONNIE 2004 S.E. 26 TERRACE CAPE CORAL, FL 33904 <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	VC EVERS, WYATT 3918 EDGEWOOD FORT MYERS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DEENA KIRKA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EMERY, LESLIE PO BOX 6324 FORT MYERS BEACH, FL 33932 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C George Nemes 813 MONTICELLO CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOOP, EVELYN 1209 SE 5TH STREET # 110 CAPE CORAL, FL 33990 <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: Connie Trowbridge Connie Trowbridge 7-15-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #