

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46622 (9)

1. Corporation Name

SAILING ASSOCIATION IN LEE COUNTY, INC.



Principal Place of Business

13930 MCGREGOR BLVD
5713 SANDPIPER PL
FT MYERS FL 33919
US

Mailing Address

13930 MCGREGOR BLVD
5713 SANDPIPER PL
FT MYERS FL 33919
US

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 **13930 McGregor Blvd**

26 **13930 McGregor Blvd.**

4. FEI Number
65-0355399

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Fort Myers, Fl.**

28 **Fort Myers, Fl.**

Zip

Country

Zip

Country

24 **33919**

25 **Lee**

29 **33919**

30 **Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHULLER, ARTHUR J
13930 MCGREGOR BLVD
FORT MYERS FL 33919**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEUTSCH, EILEEN	
STREET ADDRESS	3221 EDGEWOOD AVE	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	HANTLER, PETER A	
STREET ADDRESS	1502 SW 58TH LANE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, JAMES	
STREET ADDRESS	4507 SE 11TH AVE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BICKEL, DAVID	
STREET ADDRESS	866 CARPENTER ST	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHULLER, ARTHUR J	
STREET ADDRESS	13930 MCGREGOR BLVD	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PESCATRICE, JOHN	
STREET ADDRESS	2706 SW 13TH AVE	
CITY - ST - ZIP	CAPE CORAL FL	

1.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donna Ed	
1.3 STREET ADDRESS	2714 14th St. SW.	
1.4 CITY - ST - ZIP	Lehigh Acres FL 33971	
2.1 TITLE	Commodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mike Alexander	
2.3 STREET ADDRESS	1020 N.E. Pine Island Rd.	
2.4 CITY - ST - ZIP	Cape Coral, FL 33909	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Menger Fred	
3.3 STREET ADDRESS	1514 S.W. 57th St.	
3.4 CITY - ST - ZIP	Cape Coral, FL 33914	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Genaro Jeni	
4.3 STREET ADDRESS	1562 Lynwood Ave.	
4.4 CITY - ST - ZIP	Fort Myers, FL 33901	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alexander Lana	
5.3 STREET ADDRESS	1020 N.E. Pine Island Rd.	
5.4 CITY - ST - ZIP	Cape Coral, FL 33909	
6.1 TITLE	O'Shaughnessy Morgan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director	
6.3 STREET ADDRESS	2613 S.W. 22nd Ave.	
6.4 CITY - ST - ZIP	Cape Coral, FL 33914	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur J. Schuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

Date

941-481-5294

Daytime Phone

CR2E037 (12/95)