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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
FORT MYERS FL 33919
US

Mailing Address

13930 MCGREGOR BLVD
FT MYERS FL 33919-6125
US3. Date Incorporated or Qualified
12/23/19913a. Date of Last Report
02/14/1996

4. FEI Number

65-0355399

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETENAME DONNAHOE, ED
STREET ADDRESS 2714 14TH ST SW
CITY-ST-ZIP LEHIGH ACRES FLTITLE C ☐ DELETENAME ALEXANDER, MIKE
STREET ADDRESS 1020 NE PINE ISLAND RD
CITY-ST-ZIP CAPE CORAL FLTITLE D ☐ DELETENAME REED, JAMES
STREET ADDRESS 4507 SE 11TH AVE
CITY-ST-ZIP CAPE CORAL FLTITLE S ☐ DELETENAME GERARO, JENI
STREET ADDRESS 1582 LYNWOOD AVE
CITY-ST-ZIP FORT MYERS FLTITLE T ☐ DELETENAME SCHULLER, ARTHUR J
STREET ADDRESS 13930 MCGREGOR BLVD
CITY-ST-ZIP FORT MYERS FLTITLE D ☐ DELETENAME O'SHAUGHNESSY, MORGAN
STREET ADDRESS 2613 SW 22ND AVE
CITY-ST-ZIP CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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
Date 2/27/97 Daytime Phone # 941-481-5294

CR2E037 (9/96)