2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000011

FILED Apr 22, 2005 Secretary of State

Entity Name: UNITED STATES SAILING CENTER OF MARTIN COUNTY, INC.

Current Principal Place of Business:	New Principal Place of Business:
1955 NE INDIAN RIVER DR. JENSEN BEACH, FL 34957 US	
Current Mailing Address:	New Mailing Address:
1955 NE INDIAN RIVER DR. JENSEN BEACH, FL 34957 US	
FEI Number: 65-0377617 FEI Number Applied For() FEI Nu	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
JAMES, TIVY W 3600 ECOMMERCE PLACE ORLANDO, FL 32808 US	RICHARD, OLENICK F 3600 ECOMMERCE PLACE ORLANDO, FL 32808 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: RICHARD OLENICK	04/22/2005
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: DP () Delete Name: VANCE, JOHN A Address: 12 WENDY LANE City-St-Zip: STUART, FL 34997	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DP () Delete Name: LEFORT, ROBERT J JR Address: 4701 NE SPINNAKER POINT PLACE City-St-Zip: STUART, FL 34996	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DS () Delete Name: CAMPBELL, RICH Address: 100 FLAMINGO AVENUE City-St-Zip: STUART, FL 34996	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DT () Delete Name: BEISER, DONNA Address: 23475 DIAMOND CT City-St-Zip: STUART, FL 34997	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DVP () Delete Name: ST. JOHN, JAMES Address: 1024 SW CANTALINA ST City-St-Zip: PALM CITY, FL 34990	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J LEFORT JR DP 04/22/2005