

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000011

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

1955 NE INDIAN RIVER DR.
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

1955 NE INDIAN RIVER DR.
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 65-0377617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEALEY, DENISE
1955 NE INDIAN RIVER DR
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: VANCE, JOHN A
Address: 12 WENDY LANE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: LEFORT, ROBERT J JR
Address: 4701 NE SPINNAKER POINT PLACE
City-St-Zip: STUART, FL 34996

Title: DP () Delete
Name: RICH, CAMPBELL
Address: 100 FLAMINGO AVENUE
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: LEFORT, LISA
Address: 4701 NE SPINNAKER PT PL
City-St-Zip: STUART, FL 34996

Title: DVP () Delete
Name: ST. JOHN, JAMES
Address: 1024 SW CANTALINA ST
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RICH, CAMPBELL
Address: 100 FLAMINGO AVENUE
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: ST. JOHN, JAMES
Address: 1024 SW CANTALINA ST
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES ST. JOHN

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date