


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004190
 1. Entity Name
 SOUTHEASTERN SAILING INDUSTRIES ASSOCIATION, INC.



Principal Place of Business: 1648 S. LAKESHORE DR. SARASOTA, FL 34231
 Mailing Address: PO BOX 382 ST PETERSBURG, FL 33731



02222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 59-3230931
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRISOSKY, RON
 1648 SOUTH LAKESHORE DR.
 SARASOTA, FL 34231

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRISOSKY, RONALD
STREET ADDRESS	1648 SOUTH LAKESHORE DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VPD
NAME	MASSEY, EDWARD
STREET ADDRESS	1015 RIVERSIDE DR
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 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:  **RON FRISOSKY, Pres.** 4/10/05 941-914-3890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #