2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004190

FILED Apr 07, 2007 Secretary of State

Entity Name: SOUTHEASTERN SAILING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1648 S. LAKESHORE DR. SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** P.O. BOX 1188 HOLMES BEACH, FL 342181188 FEI Number: 59-3230931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRISOSKY, RON 1648 SOUTH LAKESHORE DR. SARASOTA, FL 34231 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRISOSKY, RONALD Name: Name: 1648 SOUTH LAKESHORE DR Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition MASSEY, EDWARD Name: Name: Address: 1015 RIVERSIDE DR Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: TRES () Delete Title: () Change () Addition MORRELL, STEVE Name: Name: 6610 1ST AVE WEST Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: HAWKINS, SCOTT Name: 850 AQUIDNECK AVE UNIT B Address: Address: City-St-Zip: MIDDLETOWN, RI 02842 City-St-Zip: Title: DIR () Delete Title: () Change () Addition RUNDA, TOM Name: Name: 1717 MASSACHUSETTS AVE N.E. Address: Address: City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: Title: () Delete Title: () Change () Addition CASEY, TOM Name: Name: Address: 4585 LONG LEAF LANE Address: SARASOTA, FL 34241 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE MORRELL TRES 04/07/2007