2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002565

FILED Feb 21, 2007 Secretary of State

Entity Name: SARASOTA SAILOR SOCCER CLUB, INC.

Current Principal Place of Business:		New Princip	New Principal Place of Business:	
	CHOOL AVE. FA, FL 34236			
Current M	lailing Address	s:	New Mailing	Address:
	CHOOL AVE. 「A, FL 34236			
FEI Number	: 65-0776738	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and A	ddress of New Registered Agent:
1819 MAIN SARASOT	SLEY, PHILIP N N ST SUITE 610 FA, FL 34236 e named entity s	US	ourpose of changing its	registered office or registered agent, or both
	e of Florida.	·	, , ,	
SIGNATU		c Signature of Registered Age	-nt	Date
	Electroni	c Signature of Registered Age		Date /CHANGES TO OFFICERS AND DIRECTO
OFFICER: Title: Name: Address:	Electroni S AND DIRECT VD () ANDERSON, LAY 4945 HIDDEN O	ORS: Delete WRENCE AKS LN		Date //CHANGES TO OFFICERS AND DIRECTO
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni S AND DIRECT VD () ANDERSON, LA' 4945 HIDDEN O SARASOTA, FL	CORS: Delete WRENCE AKS LN 34232 Delete A AKS LN	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electroni S AND DIRECT VD () ANDERSON, LAY 4945 HIDDEN O. SARASOTA, FL T () CARDEN, DONN 4940 HIDDEN O. SARASOTA, FL	Polete WRENCE AKS LN 34232 Delete A AKS LN 34232 Delete B WENCE A AKS LN	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	Electroni S AND DIRECT VD () ANDERSON, LAY 4945 HIDDEN O SARASOTA, FL T () CARDEN, DONN 4940 HIDDEN O SARASOTA, FL PD () CLAUSEN, ANNE 3698 POND VIEW SARASOTA, FL	Delete WRENCE AKS LN 34232 Delete A AKS LN 34232 Delete B W LN 34235 Delete	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

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: DONNA M CARDEN T 02/21/2007