2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006404

Apr 27, 2009 Secretary of State

Entity Name: TAMPA BAY CATAMARAN SAILORS, INC.

Current Principal Place of Business: New Principal Place of Business:

1122 DOGWOOD DRIVE DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

1122 DOGWOOD DRIVE DUNEDIN, FL 34698

FEI Number: 59-3415030 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:

NICHOLSON, LINDAJO
795 COUNTY ROAD 1, LOT 87
PALM HARBOR, FL 34683 US
HOOPES, JOHN
1122 DOGWOOD DR
DUNEDIN, FL 34698 US

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: JOHN HOOPES 04/27/2009

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

PALM HARBOR, FL 34683

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DUNEDIN, FL 34698

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 RAGER, RYAN
 Name:
 NICHOLSON, LINDAJO

 Address:
 2725 PENZANCE ST
 Address:
 795 COUNTY ROAD 1, LOT 87

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: TD () Delete Title: TD (X) Change () Addition Name: NICHOLSON, LINDAJO Name: HOOPES, JOHN Address: 795 COUNTY ROAD 1, LOT 87 Address: 1122 DOGWOOD DR

Title: PD () Delete Title: () Change () Addition

 Name:
 BEDGOOD, DENNIS
 Name:

 Address:
 3158 PINE SHADOW DR.
 Address:

 City-St-Zip:
 LAND O LAKES, FL 34639
 City-St-Zip:

 $\label{eq:title:title:vd} \mbox{Title:} \mbox{ VD } \mbox{ () Delete } \mbox{ Title: } \mbox{ VD } \mbox{ (X) Change () Addition}$

 Name:
 HOOPES, JOHN
 Name:
 FONDRK, JOHN

 Address:
 1122 DOGWOOD LN.
 Address:
 BOX 2431

City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34697

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: JOHN HOOPES TD 04/27/2009