


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000004714 (8)**

1. Corporation Name

WOMEN'S SAILING ASSOCIATION, INC.



Principal Place of Business 6055 NORTH US HIGHWAY 1 MELBOURNE FL 32940	Mailing Address 6055 NORTH US HIGHWAY 1 MELBOURNE FL 32940
--	--

3. Date Incorporated or Qualified 08/19/1997	
4. FEI Number 59-3934146	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WARD, H.W. 2229 BUTLER BAY, BLVD. WINDERMERE FL 34786

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relinquishing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	DUYS, VERONICA
STREET ADDRESS	1607 BAYSIDE STREET
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	HURLEY, JAMIE
STREET ADDRESS	2750 ROYAL OAK DRIVE
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	KNOCKEL, KAREN
STREET ADDRESS	1333 WORTH COURT
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BISHOP, ELIZABETH
STREET ADDRESS	311 SUNDIAL COURT
CITY-ST-ZIP	COCOA FL 32922
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, MADELINE
STREET ADDRESS	6234 HALYARD COURT
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	COX, DORIE
STREET ADDRESS	125 LEE STREET
CITY-ST-ZIP	INDIALANTIC FL 32903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE (3)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President Karen Knockel
1.3 STREET ADDRESS	1333 Worth Ct
1.4 CITY-ST-ZIP	Palm Bay, FL 32905
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V.P./Rec. Clerk Tonya Clark
2.3 STREET ADDRESS	122 Franklin Ave
2.4 CITY-ST-ZIP	Indianantic FL 32903
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.P./Membership Rhonda Delmator
3.3 STREET ADDRESS	600 Anderson Ct
3.4 CITY-ST-ZIP	Satellite Beach, FL 32937
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V.P./Education Carol Hibben
4.3 STREET ADDRESS	667 John Hancock
4.4 CITY-ST-ZIP	W. Melbourne, FL 32909
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary Shana Hamel
5.3 STREET ADDRESS	Florida Tech, Box 5325
5.4 CITY-ST-ZIP	Melbourne, FL 32901
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Treasurer Veronica Duys
6.3 STREET ADDRESS	1607 Bayside St
6.4 CITY-ST-ZIP	Merritt Island, FL 32952

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/13/04**

CR2E037 (10/97)