

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90041 005 \*\*\*\*61.25

**DOCUMENT # N97000006615**

1. Entity Name

MANATEE SAIL & POWER SQUADRON, INC.



Principal Place of Business

Mailing Address

610 IXDRA AVE 4737 Pinnacle Dr  
ELLENTON FL 34222 Bradenton, FL 34208  
34208

00026896



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1864634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, JAMES K SACARAKIS, NANCY E  
610 IXDRA AVE 4737 Pinnacle Dr  
ELLENTON FL 34222 Bradenton, FL 34208

Name NANCY E SACARAKIS  
Street Address (P.O. Box Number is Not Acceptable)  
4737 Pinnacle Dr  
City Bradenton FL Zip Code 34208

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS  
NAME SMITH, CARLA ☐ Delete  
STREET ADDRESS 2311 14TH AVE. W. #308  
CITY-ST-ZIP PALMETTO FL 34221

TITLE DT  
NAME SACARAKIS, NANCY E ☐ Change ☒ Addition  
STREET ADDRESS 4737 Pinnacle Dr  
CITY-ST-ZIP Bradenton, FL 34208

TITLE DT  
NAME LONG, JAMES K ☐ Delete  
STREET ADDRESS 610 IXDRA AVE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE D  
NAME Spagnola, Bert ☐ Change ☒ Addition  
STREET ADDRESS 5016 Bimini Dr  
CITY-ST-ZIP Bradenton, FL 34210

TITLE D  
NAME CARACENI, ADRIAN ☒ Delete  
STREET ADDRESS 7431 39TH CT E  
CITY-ST-ZIP SARASOTA FL 34243

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WARREN, JOHN C ☐ Delete  
STREET ADDRESS 8487 IMPERIAL CIR.  
CITY-ST-ZIP PALMETTO FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME EVERS, RICHARD ☐ Delete  
STREET ADDRESS 4235 PINNACLE DR.  
CITY-ST-ZIP BRADENTON FL 34208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HARRISON, RICHARD T ☐ Delete  
STREET ADDRESS 4502 BIMINI DR.  
CITY-ST-ZIP BRADENTON FL 34210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #