

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000011

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**5409700004CC**

**Entity Name:** UNITED STATES SAILING CENTER OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

1955 NE INDIAN RIVER DR.  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

1955 NE INDIAN RIVER DR.  
JENSEN BEACH, FL 34957 US

**FEI Number: 65-0377617**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JENKINSON, ALAN  
1955 NE INDIAN RIVER DR  
JENSEN BEACH, FL 34957 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: ALAN JENKINSON**

**01/20/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR/TREASURER  
Name           CHEMEL, JAMES L  
Address        2124 NW WINTERBERRY TRAIL  
City-State-Zip: JENSEN BEACH FL 34957

Title           DIRECTOR/SECRETARY  
Name           OTTAVIANI, DAVE  
Address        1759 NE 23RD TERRACE  
City-State-Zip: JENSEN BEACH FL 34957

Title           DIRECTOR  
Name           MILLAR, JEFF  
Address        7814 SE SPICEWOOD CIRCLE  
City-State-Zip: HOBE SOUND FL 33455

Title           DIRECTOR  
Name           JOHN , FRANCIS  
Address        3350 NE LUNA TERRACE  
City-State-Zip: JENSEN BEACH FL 34957

Title           DIRECTOR  
Name           JULIE, ZAHNISER  
Address        5655 S INDIAN RIVER DR  
City-State-Zip: FT PIERCE FL 34982

Title           PRESIDENT, DIRECTOR  
Name           MACNIDER, CHARLES  
Address        8650 S OCEAN DRIVE  
                  #205  
City-State-Zip: JENSEN BEACH FL 34957

Title           DIRECTOR  
Name           JENKINSON, ALAN  
Address        273 NE ACACIA TRAIL  
City-State-Zip: JENSEN BEACH FL 34957

Title           DIRECTOR  
Name           PETE, HANSEN  
Address        4363 NE SKYLINE DRIVE  
City-State-Zip: JENSEN BEACH FL 34957

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: ALAN JENKINSON**

**EXECUTIVE DIRECTOR**

**01/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ST JOHN, JAMES  
Address        3919 SW WHISPERING SOUND DRIVE  
City-State-Zip: PALM CITY FL 34990