

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90089 022 \*\*\*\*61.25

**DOCUMENT # 769104**

1. Entity Name

**GULF WINDS SAILING CLUB, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 881  
NEW PT. RICHEY FL 34656

POST OFFICE BOX 881  
NEW PT. RICHEY FL 34656-0881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1851993**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THORNTON, RONALD G.**  
**10816 U.S. HWY. 19**  
**PORT RICHEY FL 33568**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PENICHER, MARIBEL	
STREET ADDRESS	4845 SHELL STREAM BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	FORTER, ROLAND	
STREET ADDRESS	4159 DESOREZ CT	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, HELEN	
STREET ADDRESS	5002 ANCHOR WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTER, ROLAND	
STREET ADDRESS	4159 DESOREZ COURT	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUENY, JOHN	
STREET ADDRESS	4919 DORY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, BECKY	
STREET ADDRESS	4934 BOWTIE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/2000**

Date

Daytime Phone #

CR2E037 (9/99)