

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 029 ****61.25

DOCUMENT # 769104

1. Entity Name

GULF WINDS SAILING CLUB, INC.



Principal Place of Business

POST OFFICE BOX 881
NEW PT. RICHEY FL 34656

Mailing Address

POST OFFICE BOX 881
NEW PT. RICHEY FL 34656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1851993

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

GLASS, BRENDA
5562 BOWLINE BEND
NEW PORT RICHEY FL 34652

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. 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, 2006

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GEIBEL, CAROLE L ☒ Delete
5109 OYSTER COVE
NEW PORT RICHEY FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WALTERS BARBARA ☐ Change ☒ Addition
2213 Hidden Meadows DR
PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WALTERS, DON ☐ Delete
2213 E HISSON MEADOW DR
PALM HARBOR FL 34683

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
WALTERS, BARBARA ☒ Delete
2213 E HIDDEN MEADOWS DR
PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
Thorp Stephen ☐ Change ☒ Addition
5060 Porpoise Place
New Port Richey FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GLASS, BRENDA ☐ Delete
5562 BOWLINE BEND
NEW PORT RICHEY FL 34652

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 exemptions contained in Section 119, 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: *Barbara Walters - Commissioner*

3 25-06 227-286-1684