

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737514

Entity Name: WINDLASSES, INC.**Current Principal Place of Business:**WINDLASSES, INC.
PO BOX 2883
DUNEDIN, FL 34697**Current Mailing Address:**PO BOX 2883
DUNEDIN, FL 34697 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOMAR, GAIL
13704 COUNTRY COURT DRIVE
TAMPA, FL 33625 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	CONLON, LISA
Address	WINDLASSES, INC. PO BOX 2883
City-State-Zip:	DUNEDIN FL 34697

Title	CAPTAIN
Name	OBERG, MARTI
Address	WINDLASSES, INC. PO BOX 2883
City-State-Zip:	DUNEDIN FL 34697

Title	SECRETARY
Name	ROOT, RITA
Address	WINDLASSES, INC. PO BOX 2883
City-State-Zip:	DUNEDIN FL 34697

Title	RACE CHAIRMAN
Name	SHEETS, JOY
Address	WINDLASSES, INC. PO BOX 2883
City-State-Zip:	DUNEDIN FL 34697

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: LISA CONLON

TREASURER

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date