## 2017 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

**FILED** Feb 14, 2017 **Secretary of State** CC6439870349

## **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:

**TREASURER** Title Title **CAPTAIN** 

DENISE, BISSONNETTE PROVINE, RHONDIA Name Name Address

WINDLASSES, INC. Address WINDLASSES, INC. PO BOX 2883 PO BOX 2883

DUNEDIN FL 34697 City-State-Zip: DUNEDIN FL 34697 City-State-Zip:

**SECRETARY** Title **RACE CHAIRMAN** Title Name RUNION, JOYCE Name EWERT, BARBARA Address WINDLASSES, INC. Address WINDLASSES, INC.

PO BOX 2883 PO BOX 2883

DUNEDIN FL 34697 DUNEDIN FL 34697 City-State-Zip: City-State-Zip:

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: DENISE BISSONNETTE

**TREASURER** 

02/14/2017