

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737514

**Entity Name:** WINDLASSES, INC.**Current Principal Place of Business:**DUNEDIN MARINA  
51 MAIN STREET  
DUNEDIN, FL 34698**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            | ROOT, RITA                       |
| Address         | DUNEDIN MARINA<br>51 MAIN STREET |
| City-State-Zip: | DUNEDIN FL 34698                 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | CAPTAIN                          |
| Name            | SHELLENBERGER, JANET             |
| Address         | DUNEDIN MARINA<br>51 MAIN STREET |
| City-State-Zip: | DUNEDIN FL 34698                 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | SECRETARY                        |
| Name            | BOYLAN, PATTI                    |
| Address         | DUNEDIN MARINA<br>51 MAIN STREET |
| City-State-Zip: | DUNEDIN FL 34698                 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | RC                               |
| Name            | YOUNG, CHERYL                    |
| Address         | DUNEDIN MARINA<br>51 MAIN STREET |
| City-State-Zip: | DUNEDIN FL 34698                 |

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:** JANET SHELLENBERGER**PRESIDENT****03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date