

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90472 007 \*\*\*\*61.25

**DOCUMENT # 702781**

1. Entity Name  
**GULF HARBORS YACHT CLUB, INC.**



Principal Place of Business  
**3926 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**3926 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1714051**

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

~~SMITH, CYNDIE  
6333 FORD WAY  
NEW PORT RICHEY, FL 34652~~

Name **Lori Rhoden**

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

**3926 Marine Parkway**

City **New Port Richey**

FL Zip Code **34652**

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

*Lori Rhoden* **Lori Rhoden Rean Commodore**

**4/25/07**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **CFO** ☒ Delete  
NAME **COMMODORE, RICHARD K**  
STREET ADDRESS **12709 RIVER MILL DR**  
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **CFO** ☐ Change ☐ Addition  
NAME **James Shuman**  
STREET ADDRESS **16743 Midsummer Lane**  
CITY-ST-ZIP **Spring Hill, FL 34610**

TITLE **VC** ☒ Delete  
NAME **QUACKENBUST, KEN**  
STREET ADDRESS **4032 MARING RD**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **RC** ☐ Change ☐ Addition  
NAME **Lori Rhoden**  
STREET ADDRESS **7224 Westcott Dr.**  
CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **RC** ☐ Delete  
NAME **MAJKA, TONY**  
STREET ADDRESS **12054 QUAIL RIDGE DR**  
CITY-ST-ZIP **SPRING HILL, FL 34610**

TITLE **VC** ☐ Change ☐ Addition  
NAME **Tony Majka**  
STREET ADDRESS **12054 Quail Ridge Dr.**  
CITY-ST-ZIP **Springhill FL 34610**

TITLE **S** ☒ Delete  
NAME **SPARR, DIANE**  
STREET ADDRESS **9150 HAWKINS CT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **S** ☐ Change ☐ Addition  
NAME **Molly Standard**  
STREET ADDRESS **4052 Marine Parkway**  
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **T** ☒ Delete  
NAME **SMITH, CYNDIE**  
STREET ADDRESS **8753 FORD WAY**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

TITLE **FC** ☐ Delete  
NAME **JONES, BILL**  
STREET ADDRESS **407 MISTWOOD CT**  
CITY-ST-ZIP **SPRING HILL, FL 346099635**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Lori Rhoden* **Lori Rhoden**

**4/25/07**

**727-847-5394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #