

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

04-25-2007 90204 017 ****61.25

DOCUMENT # 733447

1. Entity Name
GULF HARBORS BEACH CLUB, INC.



Principal Place of Business
5345 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652 US

Mailing Address
5345 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652 US



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

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1651411

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

PEYTON, DONALD R ESQ
PEYTON LAW FIRM, P.A.
7317 LITTLE RD
NEW PORT RICHEY, FL 34654

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 replacing)

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 SD ☐ Delete
NAME GEIGER, TERI
STREET ADDRESS 6116 BAYSIDE DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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

TITLE VO ☐ Delete
NAME LLEWELLYN, TOM
STREET ADDRESS 4240 SEAGULL DR
CITY-ST-ZIP NEW PORT RICHEY, FL

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

TITLE TD ☒ Delete
NAME HURST, DOLORES
STREET ADDRESS 4860 SHELL STREAM BLVD
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS 3835 Rudder Way
CITY-ST-ZIP New Port Richey, FL 34652

TITLE D ☐ Delete
NAME COVERT, BILL
STREET ADDRESS 5350 WINDWARD WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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

TITLE D ☐ Delete
NAME HUBACH, SHERRI
STREET ADDRESS 4619 FLOAMAR TERRACE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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

TITLE PD ☐ Delete
NAME ARNOLD, ARLEEN
STREET ADDRESS 5471 NIMITE ROAD
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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: THOMAS F. LLEWELLYN VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

5-20-2007 737-1903