



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 741552	
1. Entity Name GULF COAST SAILING CLUB, INC.	

Principal Place of Business 1051 5TH AVE SO. NAPLES, FL 34106	Mailing Address PO BOX 2121 NAPLES, FL 34106
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1796066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, TORAN T
8101 SAN VISTA CIRCLE
NAPLES, FL 34109

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSEN, JUDY 2031 IMPERIAL CI NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARRY, KAREN 1086 9TH AVE N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMER, COLEEN W 1 WATERCOLOR WAY NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WRIGHT, TORAN T 8101 SAN VISTA WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/07-80033-008 61.25

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: _____ **239 777 1880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____