

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**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**



02142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1796066**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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

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, 2008**

9. Election Campaign Financing  
- Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000832385  
02/27/08-80057-008 61.25

**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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Judy Hansen* **Judy Hansen** 2/15/08 (239) 597-2266