2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 741552

Entity Name: GULF COAST SAILING CLUB, INC.

Current Principal Place of Business:

1051 5TH AVE SO.
NAPLES, FL 34106

New Principal Place of Business:

Current Mailing Address:

PO BOX 2121
NAPLES, FL 34106

New Mailing Address:

FEI Number: 59-1796066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: HANSEN, JUDY
Address: 2031 IMPERIAL CI
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete
Name: PARRY, KAREN
Address: 1086 9TH AVE N
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: TIMMER, COLEEN W
Address: 1 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: DT (X) Delete
Name: WRIGHT, TORAN T
Address: 8101 SAN VISTA WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRICE, LISA
Address: 710 LALIQUE CIR #905
City-St-Zip: NAPLES, FL 34108

Title: TD (X) Change ( ) Addition
Name: PEPPERS, CHERYL
Address: P.O. BOX 152115
City-St-Zip: CAPE CORAL, FL 33915

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHERYL A. PEPPERS TD 04/24/2009

Electronic Signature of Signing Officer or Director — Date