## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2007 8:00 am Secretary of State

DOCUMENT # 769104  1. Entity Name GULF WINDS SAILING CLUB, INC.									01-25-2	007 90	036 00	)5 ****6	1.25
POST OFFICE BOX 881			POST OFF	Mailing Address POST OFFICE BOX 881 NEW PT. RICHEY, FL 34656									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01162007	Chg-NP	C	CR2E03	37 (12/06)	
City & State			City & State					4. FEI Numbe 59-185	er 1993		-		applied For lot Applicable
Zip Country		Žip		Cou	Country		5. Certificate	of Status Desi	ired	<b>.</b>	\$8.75 Ac Fee Requir	lditional ed	
	6. Name	and Address of Current	Registered Ag	ent				7. Name and	Address of N	Yew Regi	stered A	Agent	
GLASS, B 5562 BOW NEW POR	LINE BEI	ND Y, FL 34652				.سو	Ger ddress (I	bel ( Oust					
						City	ew	Port 7	Richer	<del></del>	FL	Zip Coo	52
8. The above	named entit	y submits this statement fo	r the purpose o	of changing its	registere	ed office o	r register	ed agent, or bot	th, in the State	of Florida	a. I am f	amiliar with	, and accept
the obligat	tions of regis	tered agent.	4/ 1	,									
		Mark L	Ha	6.01					/ ,	· -	nH		
SIGNATURE .		arouch.	<u> </u>	<del></del>						7-	<u> </u>		
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE	: Registere	d Agent signat	ure required	when reinstating)			DATĚ		
	Filing Fe	e is \$61.25	· 1	Election Can	npaign F	inancing	ure required	\$5.00 May B Added to Fees			DATÉ check	payable tment of S	
10.	Filing Fe Due by N	e is \$61.25	9. RECTORS	Election Can Trust Fund C	npaign F	inancing		\$5.00 May B		Florida	DATÉ e check Depart	tment of S	State
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12. I hereby certify that the information supplied with this filling 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: Otonallo Moun. Ronaldo Morris 0/17/07 813-376-6182