


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-25-2007 90036 005 ****61.25

DOCUMENT # 769104 1. Entity Name GULF WINDS SAILING CLUB, INC.					
Principal Place of Business POST OFFICE BOX 881 NEW PT. RICHEY, FL 34656			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.			
City & State		City & State		4. FEI Number 59-1851993	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLASS, BRENDA 5562 BOWLINE BEND NEW PORT RICHEY, FL 34652				Name Geibel, Carole Street Address (P.O. Box Number is Not Acceptable) 5109 Oyster Cove City New Port Richey FL Zip Code 34652	
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 <u><i>Carole L. Geibel</i></u> 1-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	CD WAUTERS, BARBARA 2213 HIDDEN MEADOWS DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Ronald Morris 5003 Anchor Way New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAUTERS, DON 2213 E HISEN MEADOW DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thorp, Stephen 5060 Porpoise Pl. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD THORP, STEPHEN 5060 PON POISE PL NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Kueny, Jon 4919 Dory Dr. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLASS, BRENDA 5562 BOWLINE BEND NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Geibel, Carole 5109 Oyster Cove New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ronald O. Morris</u> <u>Ronald O. Morris</u> 01/17/07 813-376-6182 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					