

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769104

FILED
Jan 14, 2009
Secretary of State

Entity Name: GULF WINDS SAILING CLUB, INC.

Current Principal Place of Business:

POST OFFICE BOX 881
NEW PT. RICHEY, FL 34656

New Principal Place of Business:

519 OYSTER COVE
NEW PT. RICHEY, FL 34652 US

Current Mailing Address:

POST OFFICE BOX 881
NEW PT. RICHEY, FL 34656

New Mailing Address:

POST OFFICE BOX 881
NEW PT. RICHEY, FL 34656 US

FEI Number: 59-1851993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEIBELY9, CAROLE
5109 OYSTER COVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

GEIBEL, CAROLE
5109 OYSTER COVE
NEW PORT RICHEY, FL 34652 US

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: CAROLE GEIBEL

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KUENY, JON
Address: 4919 DORY DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: THORP, STEVEN
Address: 5060 POR POISE PL
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VCD () Delete
Name: WRIGHT, ROBERT
Address: 5002 ANCHOR WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: GEIBEL, CAROLE
Address: 5109 OYSTER COVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: WEEKS, JON
Address: 7506 JONES ROAD
City-St-Zip: ODESSA, FL 33556 US

Title: TD (X) Change () Addition
Name: THORP, STEPHEN
Address: 5060 POR POISE PL
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: STEPHEN THORP

TD

01/14/2009

Electronic Signature of Signing Officer or Director

Date