

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769104

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** GULF WINDS SAILING CLUB, INC.

**Current Principal Place of Business:**

519 OYSTER COVE  
NEW PT. RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1851993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GEIBEL, 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:**

01/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CD  
**Name:** SALYER, TANI  
**Address:** 2609 113TH. AVE.  
**City-St-Zip:** TAMPA, FL 33612 US

**Title:** TD  
**Name:** THORP, STEPHEN  
**Address:** 5060 POR POISE PL  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** VCD  
**Name:** KUENY, JON  
**Address:** 4919 DORY DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** SD  
**Name:** SALYER, JERIS  
**Address:** 17403 HANNA RD.  
**City-St-Zip:** LUTZ, FL 33549 US

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN N. THORP

TD

01/18/2011

Electronic Signature of Signing Officer or Director

Date