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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740358** **(7)**

1. Corporation Name
GULF WINDS APARTMENTS, INC.

Principal Place of Business	Mailing Address
6800 SUNSET WAY ST. PETERSBURG BEACH FL 33706	6800 SUNSET WAY ST. PETERSBURG BEACH FL 33706

3. Date Incorporated or Qualified: 10/07/1977

4. FEI Number: 59-1883328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SHAW, MARLENE S
6800 SUNSET WAY
ST PETERSBURG BCH FL 33706

10. Name and Address of New Registered Agent

81 Name: Marlene S. Shaw
82 Street Address (P.O. Box Number Is Not Acceptable): 19029 US Hwy 19 N - Mgt. Office
83
84 City: Clearwater **FL** 85 Zip Code: 33764

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSON, BARBARA		1.2 NAME		
STREET ADDRESS	2315 TERNESS		1.3 STREET ADDRESS		
CITY-ST-ZIP	WATERFORD MI		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	STAHL,ED		2.2 NAME	Arleene Dorey	
STREET ADDRESS	1407 PROVINCE TOWN CIR		2.3 STREET ADDRESS	6800 Sunset Way	
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WESSMAN,JIM		3.2 NAME		
STREET ADDRESS	4109 SAN MIGUEL		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	PARRY, LOLA		4.2 NAME	Deb McMullen	
STREET ADDRESS	6800 SUNSET WAY		4.3 STREET ADDRESS	4320 Point Ct.	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, BENNIE		5.2 NAME		
STREET ADDRESS	4710 N. FREMONT AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROTELLA, RON		6.2 NAME		
STREET ADDRESS	6800 SUNSET WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arleene F Dorey 1/27/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #