2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State
04-23-2000 90063 020 ****61.25

DOCUMENT # 740358

1. Entity 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 33706-2084

238050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3001 - Executive D	3001 Executive Dr
Suite, Apt. #, etc.: 260	Suite, Apt. #, etc.: ~~the~~ 260
City & State: Clearwater FL	City & State: Clearwater FL
Zip: 33762 Country: US	Zip: 33762 Country: US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR., #260 CLEARWATER FL 33762	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACOBSON, BARBARA 2315 TERNESS WATERFORD MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN CREIGHTON P.O. BOX 8186 MADEIRA BEACH, FL. 33738	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARLEENE DONEY 6800 SUNSET WAY ST PETERSBURG BCH FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEB MCMULLEN 4320 POINT CT PT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WALLACE, CARLA 5400 8TH AVE N ST PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Arlene P. Doney President 3/3/00 (727) 573-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #