2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-11-2004 90003 017 ****61.25

66403507

MOORE CR2E037 (11/03)

DOCUMENT # 740358

1. Entity Name

GULF WINDS APARTMENTS, INC.

Principal Place of Business	Mailing Address
6800 SUNSET WAY PROPERTY MANAGER SAINT PETERSBURG FL 33706 US	6800 SUNSET WAY PROPERTY MANAGER SAINT PETERSBURG FL 33706 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

CREIGHTON, JOHN
~~PO BOX 8186 8186~~
~~SAINT PETERSBURG FL 33738~~
440 BATH CLUB BLVD South
N. REDINGTON BEACH, FL 33706

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	SD JACOBSON, BARBARA 2315 TERNESS WATERFORD MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVID YOUNG	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARLEENE, DONEY UNIT 802 SAINT PETERSBURG FL 33706	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D Sharon Withers 35 WILD HERON Villa Road SAVANNAH, GA 31419-8981	☐ 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	VPD CREIGHTON, JOHN PO BOX 8186 MADEIRA BCH FL 33738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WICNSKI, LAURA 35 WILD HERON VILLA RD SAVANNAH GA 31419-8981	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D michael BLAYLOCK 6800 SUNSET WAY # 1604 ST. PETE BEACH, FL 33706	☐ 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: _____ 2/5/04 727-363-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #