

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90041 021 ****61.25

DOCUMENT # 740358			
1. Entity Name GULF WINDS APARTMENTS, INC.			
Principal Place of Business 6800 SUNSET WAY PROPERTY MANAGER SAINT PETERSBURG FL 33706 US		Mailing Address 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

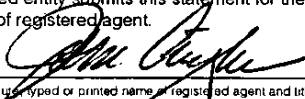


1st MOORE CR2E037 (10/04)

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 446 BATH CLUB BLVD SOUTH NORTH 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	
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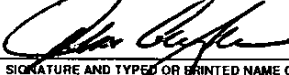
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JOHN CREIGHTON** 2/4/05
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, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREIGHTON, JOHN PO BOX 8186 MADEIRA BCH FL 33738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAYLOCK, MICHAEL 6800 SUNSET WAY #1604 SAINT PETERSBURG FL 33706 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYNTHIA GATTO 9310 MONTE LANE INDIANAPOLIS, IN 46256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITHERS, SHARON 35 WILD HERON VILLA ROAD SAVANNAH GA 31419 ☐ 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
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:  **JOHN CREIGHTON** 2-4-05 727-691-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #