2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State
03-14-2006 90019 034 ****61.25

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

1st MOORE CR2E037 (10/05)

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
NORTH REDINGTON BEACH
FL - 33706

7. Name and Address of New Registered Agent

Name JOHN CREIGHTON
Street Address (P.O. Box Number is Not Acceptable) 446 BATH CLUB BLVD
NORTH REDINGTON BEACH
City FL Zip Code 33706

8. The ... 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 _____ DATE 2-28-06

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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	VP DAVID YOUNG 12807 BAYLEAF PLACE TAMPA FL 33624	☐ 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	D Michael Confalone 7301 - 7TH ST No. ST PETERSBURG FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GATTO, CYNTHIA 9310 MONTE LANE INDIANAPOLIS IN 46256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained in Section 119, 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 2-28-06 727-641-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #