2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740358

FILED Apr 14, 2009 Secretary of State

Entity Name: GULF WINDS APARTMENTS, INC.

Current Pr	rincipal Place of Business:	New Principal Place of Business:
	SET WAY Y MANAGER TERSBURG, FL 33706 US	6800 SUNSET WAY PROPERTY MANAGER SAINT PETE BEACH, FL 33706 US
Current Ma	ailing Address:	New Mailing Address:
	SET WAY Y MANAGER TERSBURG, FL 33706 US	6800 SUNSET WAY PROPERTY MANAGER SAINT PETE BEACH, FL 33706 US
FEI Number:	59-1883328 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	ON, JOHN CLUB BLVD SOUTH EDINGTON BEACH, FL 33706 US	CREIGHTON, JOHN 6800 SUNSET WAY SAINT PETE BEACH, FL 33706 US
	named entity submits this statement for the pure of Florida.	cose of changing its registered office or registered agent, or both,
SIGNATURE:		04/14/2009
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	SD () Delete JACOBSON, BARBARA 2315 TERNESS WATERFORD, MI	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P () Delete CREIGHTON, JOHN PO BOX 8186 MADEIRA BCH, FL 33738	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete WITHERS, SHARON 35 WILD HERON VILLA ROAD SAVANNAH, GA 31419	Title: TD (X) Change () Addition Name: WITHERS, SHARON Address: 1905 N. OCEAN BLVD, 16B City-St-Zip: FT. LAUDERDALE, FL 33305
Title: Name: Address: City-St-Zip:	VP () Delete YOUNG, DAVID 12807 BAYLEAF PLACE TAMPA, FL 33624	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete RALEIGH, CHRISTOPHER 8440 MERRITT CIRCLE SEMINOLE, FL 33777	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CREIGHTON P 04/14/2009