UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 09, 2003 8:00 am
Secretary of State
04-10-2003 90139 049 ****61.25

DOCUMENT # 740358

55039411

1. Entity Name
GULF WINDS APARTMENTS, INC.

Principal Place of Business	Mailing Address
3001-EXECUTIVE DR 260 CLEARWATER FL 33762 US	3001-EXECUTIVE DR 260 CLEARWATER FL 33762 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6800 SUNSET WAY	6800 SUNSET WAY
Suite, Apt. #, etc. PROPERTY MANAGER	Suite, Apt. #, etc. PROPERTY MANAGER
City & State ST PETE BCH FL	City & State ST PETE BCH FL
Zip / Country 33706 / US	Zip / Country 33706 / 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

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR., #260
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name: JOHN CREIGHTON
Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 8188
City: MADEIRA BEACH FL Zip Code: 33738

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 5/1/03
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 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARLEENE DONEY 6800 SUNSET WAY UNIT 802 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	D MARSEE, BRUCE 3020 PATRIOT SQUARE DAVISBURG MI 48350	☑ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WICNSKI, LAURA 7150 SUNSET WAY #207 SAINT PETERSBURG FL 33706	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARON WITHERS 35 Wild Heron Villa Road Savannah GA 31419-8981	☐ Change ☑ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 4-8-03 727-363-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #