

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744768** (3)

1. Corporation Name

GULF AIRE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 13787
MEXICO BCH FL 32410

P O BOX 13787
MEXICO BCH FL 32410



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1978		3a. Date of Last Report 04/26/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2120899		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CROCKETT, JUDD 213 GULFAIRE DRIVE PORT ST JOE FL 32456				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	CROCKETT, JUDD	1.2 NAME	CROCKETT, JUDD
STREET ADDRESS	213 GULFAIRE DRIVE	1.3 STREET ADDRESS	213 GULFAIRE DRIVE
CITY-ST-ZIP	PT ST JOE FL	1.4 CITY-ST-ZIP	PORT ST JOE FL 32456
TITLE	VD	2.1 TITLE	VICE PRES.
NAME	DAVID, AGUIRRE	2.2 NAME	AGUIRRE, David
STREET ADDRESS	208 GULFAIRE DRIVE	2.3 STREET ADDRESS	208 GULFAIRE DR
CITY-ST-ZIP	PORT ST. JOE FL	2.4 CITY-ST-ZIP	PORT ST JOE FL 32456
TITLE	PS	3.1 TITLE	SECRETARY
NAME	LANE, TAMARA	3.2 NAME	NELSON MELODY
STREET ADDRESS	102 CRISTENS CIRCLE	3.3 STREET ADDRESS	215 BUCANEER DRIVE
CITY-ST-ZIP	PORT ST. JOE FL	3.4 CITY-ST-ZIP	PORT ST JOE FL 32456
TITLE	T	4.1 TITLE	TREASURER
NAME	LACOUR, MIKE	4.2 NAME	RILEY, Marty
STREET ADDRESS	200 PERIWINKLE DR	4.3 STREET ADDRESS	124 Gulf St
CITY-ST-ZIP	PT ST JOE FL	4.4 CITY-ST-ZIP	PORT ST JOE FL 32456
TITLE	D	5.1 TITLE	D
NAME	BROLLAND, LARRY	5.2 NAME	LARRY BROLLAND
STREET ADDRESS	208 BUCANEER DR.	5.3 STREET ADDRESS	208 BUCANEER DRIVE
CITY-ST-ZIP	PT. ST. JOE FL.	5.4 CITY-ST-ZIP	PORT ST JOE FL 32456
TITLE	D	6.1 TITLE	D
NAME	FUND, ERNEST J	6.2 NAME	FUND ERNEST J
STREET ADDRESS	410-B GULFAIRE DRIVE	6.3 STREET ADDRESS	410 B GULFAIRE DR
CITY-ST-ZIP	PORT ST JOE FL	6.4 CITY-ST-ZIP	PORT ST JOE FL 32456

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904
2/3/96
647-3420

CR2E037 (12/95)