

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90101 042 \*\*\*\*61.25

**DOCUMENT # 744768**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2120899**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANEY, PIERCE T.**  
**8513 TRADWINDS DR**  
**PORT ST JOE FL 32456**

Name

**David E. Kelly, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**311 Beacon Rd**

**Port St. Joe, FL 32456**

City

**Port St. Joe**

**FL**

Zip Code  
**32456**

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.

SIGNATURE

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**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P GRANEY, PIERCE T.**  
 STREET ADDRESS **3513 TRADEWINDS DR**  
 CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE  Change  Addition  
 NAME **P Kelly, David E.**  
 STREET ADDRESS **311 Beacon Rd**  
 CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE  Delete  
 NAME **VP LOW, CURTIS**  
 STREET ADDRESS **P. O. BOX 13893**  
 CITY-ST-ZIP **MEXICO BEACH FL 32410**

TITLE  Change  Addition  
 NAME **VP Ellen Allemore**  
 STREET ADDRESS **212 Bucaneer Drive**  
 CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE  Delete  
 NAME **D GRASS, MARY**  
 STREET ADDRESS **320 BEACON ROAD**  
 CITY-ST-ZIP **PT ST JOE FL 32456**

TITLE  Change  Addition  
 NAME **D Kay Reed**  
 STREET ADDRESS **716 Gulf Aire Dr**  
 CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE  Delete  
 NAME **T COPE, PHILIP**  
 STREET ADDRESS **109 OCEAN RIDGE LANE**  
 CITY-ST-ZIP **PT ST JOE FL 32456**

TITLE  Change  Addition  
 NAME **T Trudie Downs**  
 STREET ADDRESS **6924 Alabama Ave**  
 CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE  Delete  
 NAME **S BROCKMAN, NANCY**  
 STREET ADDRESS **619 GULF AIRE DR**  
 CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE  Change  Addition  
 NAME **S Frankie Howell**  
 STREET ADDRESS **720 Gulf Aire Dr**  
 CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE  Delete  
 NAME **D HOWELL, FRANKIE**  
 STREET ADDRESS **720 GULFAIRE DR**  
 CITY-ST-ZIP **PORT ST JOE FL**

TITLE  Change  Addition  
 NAME **D Mary Grass**  
 STREET ADDRESS **320 Beacon Rd**  
 CITY-ST-ZIP **Port St. Joe, FL 32456**

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)