

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90126 036 ****61.25

DOCUMENT # 744768 1. Entity Name GULF AIRE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 13787 MEXICO BCH, FL 32410			Mailing Address 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		
6. Name and Address of Current Registered Agent HALL, BARBARA K 8414 TRADEWINDS DRIVE PORT ST JOE, FL 32456			7. Name and Address of New Registered Agent Name HORST, HENRY R. Street Address (P.O. Box Number is Not Acceptable) 104 BUCCANEER DRIVE 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> HENRY R. HORST SIGNATURE <i>Henry R Horst</i> TREASURER <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 03-04-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD HALL, BARBARA K 8414 TRADEWINDS DR. PORT ST JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BARBARA K 8414 TRADEWINDS DR. PORT ST JOE, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNES, TRUDIE 6924 ALABAMA AVE. PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DOWNES, TRUDIE 6924 ALABAMA AVE. PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MELANIE 322 BEACON RD PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHBROOK, DEBORAH 102 CRISTINS CURVE PORT SAINT JOE, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, TIM 203 SEA PINES LANE PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D NELSON, TIM 203 SEA PINES LANE PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREGLOWN, JOHN 202 SEA PINES LANE PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TREGLOWN, JOHN 202 SEA PINES LANE PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORST, HENRY 104 BUCCANEER DR PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HORST, HENRY R. 104 BUCCANEER DR PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Henry R Horst</i> HENRY R. HORST 03-04-05 850-647-9888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ADDITIONAL DIRECTORS:

^D
GAMMON, JEANNE
611 GULFAIRE DRIVE
PORT SAINT JOE, FL 32456

ATTACHMENT

DOCUMENT # 744768

☒ ADDITION

40029200