


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 010 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2120899				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORST, HENRY A 104 BUCCANEER DR 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) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	SD		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNSFORD, JAMES N		NAME		
STREET ADDRESS	112 PERIWRINKLE DR		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	MARIOLIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIOTIS, THEODORE N		NAME		
STREET ADDRESS	PO BOX 13435		STREET ADDRESS		
CITY-ST-ZIP	MEXICO BEACH, FL 32410		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHBROOK, DEBORAH		NAME		
STREET ADDRESS	102 CRISTINS CURVE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NELSON, TIM		NAME	Renee Carroll	
STREET ADDRESS	203 SEA PINES LANE		STREET ADDRESS	1916 Forest Park Av	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP	Port Saint Joe FL 32456	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCURI, JENNIFER		NAME		
STREET ADDRESS	107 SEA PINES LN		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORST, HENRY		NAME		
STREET ADDRESS	104 BUCCANEER DR		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Henry R. Horst</u> Henry R. Horst <u>2/13/07</u> <u>850-647-9888</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					