

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N03000010580

Entity Name: GULF ISLAND CONDOMINIUMS OWNERS ASSOCIATION OF NAVARRE BEACH, INC.

Current Principal Place of Business:

3320 W. COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

3320 W. COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-0474676 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.
5365 E. CO. HWY. 30-A
STE. 105
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHEWS, MAX JR.
Address: 3320 W. COUNTY HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD () Delete
Name: MATHEWS, MAX SR.
Address: 3320 W. COUNTY HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD () Delete
Name: MATHEWS, JAMES A
Address: 3320 W. COUNTY HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Delete
Name: JOHNSON, JOSEPH M III
Address: 8945 MANCHESTER RD
City-St-Zip: SAINT LOUIS, MO 63144

Title: D () Delete
Name: POLK, SAM
Address: 380 WALTON ROSE LN
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POLK, SAM
Address: 8436 GULF BOULEVARD #222
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX MATHEWS, SR.

VP

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date