2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006
Secretary of State

DOCUMENT# N05000008780

Entity Name: GULFWINDS OF PASCO COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2630 S FALKENBURG RD
RIVERVIEW, FL 33569

New Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

Current Mailing Address:

2630 S FALKENBURG RD
RIVERVIEW, FL 33569

New Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

FEI Number: 20-3418568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAMM, STEPHEN E
2630 S FALKENBURG RD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

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: REBECCA FURLOW 08/07/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GAMM, STEPHEN
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: REAGAN, JOSEPH
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: MALCUIT, KEITH
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MALCUIT, KEITH
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569

Title: DVP (X) Change ( ) Addition
Name: HEITZMANN, NEIL
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569

Title: DST (X) Change ( ) Addition
Name: REAGAN, JOSEPH
Address: 2630 S FALKENBURG RD
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH MALCUIT DP 08/07/2006
Electronic Signature of Signing Officer or Director Date