

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740358

Entity Name: GULF WINDS APARTMENTS, INC.**Current Principal Place of Business:**6800 SUNSET WAY
ASSOCIATION MANAGER
SAINT PETE BEACH, FL 33706**Current Mailing Address:**6800 SUNSET WAY
ASSOCIATION MANAGER
SAINT PETE BEACH, FL 33706 US**FEI Number:** 59-1883328**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CREIGHTON, JOHN
6800 SUNSET WAY
SAINT PETE BEACH, FL 33706 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title S, D
Name JACOBSON, BARBARA
Address 2315 TERNESS
City-State-Zip: WATERFORD MITitle P, D
Name CREIGHTON, JOHN
Address PO BOX 8186
City-State-Zip: MADEIRA BCH FL 33738Title T, D
Name WITHERS, SHARON
Address 288 BEACH DRIVE NE, 8A
City-State-Zip: ST. PETERSBURG FL 33701Title VP, D
Name RAE, RUTH
Address 4528 RAE RD
City-State-Zip: BERNARD IA 52032-9666Title D
Name TERRELL, PATRICIA
Address 7 RIVERSIDE DR
City-State-Zip: DOVER ME 02030-2137Title D
Name ZIMMERMAN, MARK
Address 7735
PLEASANT BROOK DR
City-State-Zip: WATERFORD MI 48327Title D
Name BEHME, CHRISTOPHER
Address 14658 BEHME ROAD
City-State-Zip: CARLINVILLE IL 62626

I hereby 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 all other like empowered.

SIGNATURE: JOHN CREIGHTON

P, D

05/23/2019

Electronic Signature of Signing Officer/Director Detail

Date