

2021 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	PRESIDENT
Name	CREIGHTON, JOHN
Address	PO BOX 8186
City-State-Zip:	MADEIRA BCH FL 33738

Title	VP
Name	RAE, RUTH
Address	4528 RAE RD
City-State-Zip:	BERNARD IA 52032-9666

Title	SECRETARY
Name	TERRELL, PATRICIA
Address	7 RIVERSIDE DR
City-State-Zip:	DOVER ME 02030-2137

Title	TREASURER
Name	ZIMMERMAN, MARK
Address	7735 PLEASANT BROOK DR
City-State-Zip:	WATERFORD MI 48327

Title	DIRECTOR
Name	BEHME, CHRISTOPHER
Address	14658 BEHME ROAD
City-State-Zip:	CARLINVILLE IL 62626

Title	DIRECTOR
Name	LEMMERMAN, MARK
Address	5555 GULF BLVD APT 116
City-State-Zip:	ST PETE BEACH FL 33706

Title	DIRECTOR
Name	LURKER, DEAN
Address	PO BOX 66689
City-State-Zip:	ST PETE BEACH FL 33736

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

PRESIDENT

04/17/2021

Electronic Signature of Signing Officer/Director Detail_____
Date