

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744768

**Entity Name:** GULF AIRE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**201 CHRISTINS CURVE  
PORT SAINT JOE, FL 32456**Current Mailing Address:**P O BOX 13787  
MEXICO BCH, FL 32410**FEI Number:** 59-2120899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOLAN, NATALIE  
705 GULF AIRE DRIVE  
PORT ST. JOE, FL 32456 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:** NATALIE DOLAN

03/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMOLKO, DONNA M  
Address        103 SEA PINES LANE  
City-State-Zip: PORT SAINT JOE FL 32456

Title            VP  
Name            PATE, F WAYNE  
Address        8511 TRADEWINDS DR  
City-State-Zip: PORT SAINT JOE FL 32456

Title            SECRETARY  
Name            DOLAN, NATALIE  
Address        705 GULF AIRE DRIVE  
City-State-Zip: PORT SAINT JOE FL 32456

Title            TREASURER  
Name            DOLAN, NATALIE  
Address        705 GULF AIRE DRIVE  
City-State-Zip: PORT ST. JOE FL 32456

Title            DIRECTOR  
Name            GRANEY, THOMAS  
Address        8513 TRADEWINDS DRIVE  
City-State-Zip: PORT ST. JOE FL 32456

Title            DIRECTOR  
Name            MEULENER, RAY  
Address        205 BEACON ROAD  
City-State-Zip: PORT ST. JOE FL 32456

Title            DIRECTOR  
Name            CARROLL, MICHAEL  
Address        628 GULF AIRE DRIVE  
City-State-Zip: PORT ST. JOE FL 32456

Title            DIRECTOR  
Name            LOW, MARCIA  
Address        106 SEA PINES LANE  
City-State-Zip: PORT ST. JOE FL 32456

*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:** NATALIE DOLAN**SECRETARY**

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date