

2013 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:**HORST, HENRY R
104 BUCCANEER DR
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name BRYAN, JOANNA
Address 109 PERIWRINKLE DR
City-State-Zip: PORT SAINT JOE FL 32456

Title SD
Name LUNSFORD, JAMES N
Address 112 PERIWRINKLE DR
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR
Name HENNINGTON, HARVEY
Address 8307 TRADEWINDS DR
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR
Name MARY, DEPUE V
Address 219 BUCCANEER DR
City-State-Zip: PORT SAINT JOE FL 32456

Title PRESIDENT, DIRECTOR
Name MARIOLIS, THEODORE N
Address 622 GULF AIRE DR.
City-State-Zip: PORT SAINT JOE FL 32456

Title TD
Name HORST, HENRY
Address 104 BUCCANEER DR
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR
Name MICHAEL, HOLLIFIELD
Address 411 GULF AIRE DR
City-State-Zip: PORT SAINT 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: HENRY R HORST**TREASURER****01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date