

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010580

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC2005125950**

**Entity Name:** GULF ISLAND CONDOMINIUMS OWNERS ASSOCIATION OF NAVARRE BEACH, INC.

**Current Principal Place of Business:**

3320 W. COUNTY HWY. 30-A  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

3320 W. COUNTY HWY.30-A  
SANTA ROSA BEACH, FL 32459

**FEI Number: 20-0474676**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MATHEWS, MAX SR  
3320 WEST COUNTY HWY 30A  
SANTA ROSA BEACH, FL 32459 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 PD  
Name MATHEWS, MAX SR  
Address 3320 W. COUNTY HWY. 30-A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VD  
Name MATHEWS, MAX JR  
Address 3320 W. COUNTY HWY. 30-A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title STD  
Name MATHEWS, JAMES A  
Address 3320 W. COUNTY HWY. 30-A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D  
Name GOODSON, RICHARD M  
Address 2309 PATTERSON  
City-State-Zip: KEY WEST FL 33040

Title D  
Name MCAVOY, STUART  
Address 130 REIHER ROAD  
City-State-Zip: MANDEVILLE LA 70471

*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: MAX MATHEWS**

**PRESIDENT**

**03/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date