

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006392

**Entity Name:** AIRPORT PULLING WINDWARD ISLE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**May 09, 2019**  
**Secretary of State**  
**3785731459CC**

**Current Principal Place of Business:**

C/O GULF BREEZE MANAGEMENT  
8910 TERRENE COURT SUITE 200  
BONTIA SPRINGS, FL 34135

**Current Mailing Address:**

C/O GULF BREEZE MANAGEMENT  
8910 TERRENE COURT SUITE 200  
BONTIA SPRINGS, FL 34135 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WEIDNER, RALPH L.  
C/O GULF BREEZE MANAGEMENT  
8910 TERRENE COURT SUITE 200  
BONTIA SPRINGS, FL 34135 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:** RALPH L. WEIDNER

05/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name NULF, JAMES  
Address C/O GULF BREEZE MANAGEMENT  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONTIA SPRINGS FL 34135

Title TD  
Name SLIPPERLEY, JENNIFER  
Address C/O GULF BREEZE MANAGEMENT  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONTIA SPRINGS FL 34135

Title SECRETARY, DIRECTOR  
Name KARCH, SHELLY  
Address C/O GULF BREEZE MANAGEMENT  
8910 TERRENE COURT SUITE 200  
City-State-Zip: BONTIA SPRINGS FL 34135

*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:** JAMES NULF

**PRESIDENT**

05/09/2019

Electronic Signature of Signing Officer/Director Detail

Date