I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute		
above, or on an attachment with all other like empowered.		
SIGNATURE: JIM MACKULIAK	TREASURER	04/28/2015

#### SIGNATURE: JIM MACKULIAK

I

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:
CYPRESS BAY ACCOUNTING INC 1001 CORPORATE AVE SUITE 101 NORTH PORT, FL 34289 US
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b
SIGNATURE:

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## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23134

## Entity Name: GULFWIND VILLAS PROPERTY OWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

6444 HAMLET DRIVE ENGLEWOOD, FL 34224

## **Current Mailing Address:**

6444 HAMLET DRIVE ENGLEWOOD. FL 34224

## FEI Number: 65-0142580

# Certificate of Status Desired: No

both, in the State of Florida.

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Officer/Direc	cior Detair.		
Title	P	Title	S
Name	MURPHY, SANDY	Name	BARTON, MARILYN
Address	6444 HAMLET DRIVE	Address	6444 HAMLET DRIVE
City-State-Zip:	ENGLEWOOD FL 34224	City-State-Zip:	ENGLEWOOD FL 34224
Title	т	Title	D
Name	MACKULIAK, JIM	Name	GREGORY, RICHARD
Address	6444 HAMLET DRIVE	Address	6444 HAMLET DRIVE
City-State-Zip:	ENGLEWOOD FL 34224	City-State-Zip:	ENGLEWOOD FL 34224
Title	D		
Name	LOESER, RON		
Address	6444 HAMLET DRIVE		
City-State-Zip:	ENGLEWOOD FL 34224		

## FILED Apr 28, 2015 Secretary of State CC9069978446

Date

Date