


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 714581 1. Entity Name GULF PINES ASSOCIATES, INC.	
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Principal Place of Business GULF PINES P O BOX 6051 DESTIN, FL 32550	Mailing Address GULF PINES P O BOX 6051 DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2574578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, W.F.
BALDWIN STREET
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GARRITY, WYNELL 264 LAKEVIEW BEACH DR DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALLEN, CHARLES G 164 LAKEVIEW BCH DRIVE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCCLESKELL, SAM 265 LAKEVIEW BAECH DRIVE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HOLDEN, JIM BEACH DRIVE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD VANCE, JOANN 156 HORSESHOE CIRCLE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000481250
03/20/06-80043-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/05
Date

850-650-6426
Daytime Phone #