

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90084 015 ****61.25

DOCUMENT # 740358

1. Entity Name

GULF WINDS APARTMENTS, INC.



Principal Place of Business

6800 SUNSET WAY
PROPERTY MANAGER
SAINT PETERSBURG FL 33706
US

Mailing Address

6800 SUNSET WAY
PROPERTY MANAGER
SAINT PETERSBURG FL 33706
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1883328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREIGHTON, JOHN
446 BATH CLUB BLVD SOUTH
NORTH REDINGTON BEACH FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

JOHN CREIGHTON

2-2-07

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD ☐ Delete
NAME: JACOBSON, BARBARA
STREET ADDRESS: 2315 TERNESS
CITY-ST-ZIP: WATERFORD MI

TITLE: ☐ Change ☒ Addition
NAME: D ANTHONY GATTO
STREET ADDRESS: 9310 MONTE LANE
CITY-ST-ZIP: INDIANAPOLIS IN 46256

TITLE: P ☐ Delete
NAME: CREIGHTON, JOHN
STREET ADDRESS: PO BOX 8186
CITY-ST-ZIP: MADEIRA BCH FL 33738

TITLE: ☐ Change ☒ Addition
NAME: D CYNTHIA GATTO
STREET ADDRESS: 9310 MONTE LANE
CITY-ST-ZIP: INDIANAPOLIS, IN 46256

TITLE: TD ☐ Delete
NAME: WITHERS, SHARON
STREET ADDRESS: 35 WILD HERON VILLA ROAD
CITY-ST-ZIP: SAVANNAH GA 31419

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VP ☐ Delete
NAME: YOUNG, DAVID
STREET ADDRESS: 12807 BAYLEAF PLACE
CITY-ST-ZIP: TAMPA FL 33624

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☐ Delete
NAME: CONFORTI, MICHAEL
STREET ADDRESS: 7301-7TH ST NORTH
CITY-ST-ZIP: SAINT PETERSBURG FL 33706

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JOHN CREIGHTON

2-2-07

727-641-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #