

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90193 014 \*\*\*\*61.25

**DOCUMENT # 746755**

1. Entity Name

**FORT WALTON BEACH GULF WINDS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**307 BARRACUDA AVENUE  
FORT WALTON BEACH FL 32548**

Mailing Address

**406 RIDGEWOOD CIRCLE  
DESTIN FL 32541**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)



4. FEI Number

**59-2384021**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CUNNINGHAM, BARBARA M MRS  
406 RIDGEWOOD CIRCLE  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

**DONA M. Cozzi**

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

**326 SAILFISH CIR.**

City **DESTIN**

**FL**

Zip Code

**32541**

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

**Dona M. Cozzi DONA M. Cozzi ST**

**4-12-06**

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

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE VP ☐ Delete  
NAME PARKHURST, ANGELA MS  
STREET ADDRESS 676 SANTA ROSA BLVD APT NO  
CITY-ST-ZIP FT WALTON BEACH FL 32545-8

TITLE P ☐ Delete  
NAME CUNNINGHAM, ROBERT E DR  
STREET ADDRESS 406 RIDGEWOOD CIRCLE  
CITY-ST-ZIP DESTIN FL 32541

TITLE ST ☐ Delete  
NAME COZZI, DONA M MS  
STREET ADDRESS 326 SAILFISH CIRCLE  
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:**

**Dona M. Cozzi**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #