

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

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**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**COZZI, DONA M
326 SAILFISH CIR
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME PARKHURST, ANGELA MS
STREET ADDRESS 676 SANTA ROSA BLVD APT NO
CITY-ST-ZIP FT WALTON BEACH, FL 325458

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

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

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01/10/07-80043-004 61.25

**DO NOT WRITE
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

Date

Daytime Phone #

Dona M. Cozzi DONA M COZZI 1-5-07 850 543-6050