

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749087

FILED
Jan 19, 2007
Secretary of State

Entity Name: GULF WINDS ASSOCIATION, INC.

Current Principal Place of Business:

2308 1ST ST N #7
INDIAN ROCKS BEACH, FL 34635

New Principal Place of Business:

2308 1ST ST N #7
INDIAN ROCKS BEACH, FL 33785

Current Mailing Address:

14722 SAN MARSALA COURT
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-2214662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, THOMAS
14722 SAN MARSALA COURT
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SINKHORN, WALT
Address: P.O. BOX 340315
City-St-Zip: TAMPA, FL 33694

Title: DS () Delete
Name: SIRABELLA, CHRIS
Address: 750 ISLAND WAY #501
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: DT () Delete
Name: PERKINS, THOMAS
Address: 14722 SAN MARSALA COURT
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SINKHORN, WALT
Address: 16414 LAKE BYRD ROAD
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PERKINS

DT

01/19/2007

Electronic Signature of Signing Officer or Director

Date