

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90283 015 \*\*\*\*61.25

**DOCUMENT # 754131**

1. Entity Name  
**GULF WINDS EAST OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**2800 SCENIC GULF DR  
MIRAMAR BEACH, FL 32550 US**

Mailing Address  
**2800 SCENIC GULF DR  
MIRAMAR BEACH, FL 32550 US**

**14010300**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2069524**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAHE, THEODORE D  
327 ELDREDGE ROAD  
FT. WALTON BEACH, FL 32544**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 **SD** ☒ Delete  
NAME **STELLING, TAMMY**  
STREET ADDRESS **200 N NEW BALLAS ROAD**  
CITY-ST-ZIP **SAINT LOUIS, MO 63141**

TITLE **PD** ☐ Delete  
NAME **ISOM, JOANN**  
STREET ADDRESS **330 E. NORTH STREET**  
CITY-ST-ZIP **DU QUOIN, IL 62832**

TITLE **VD** ☐ Delete  
NAME **READ, DAVID**  
STREET ADDRESS **369 CHERRY LAKE RD.**  
CITY-ST-ZIP **DU QUOIN, IL 62832**

TITLE **TD** ☐ Delete  
NAME **CARTER, GARY**  
STREET ADDRESS **53 MARBOROUGH DRIVE**  
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **AS** ☐ Delete  
NAME **RAHE, THEODORE D**  
STREET ADDRESS **327 ELDREDGE ROAD**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE **D** ☐ Delete  
NAME **RAY BAILEY**  
STREET ADDRESS **31 WHITING DR**  
CITY-ST-ZIP **DIVERNON, IL 62530**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **PATRICIA HAWKINS**  
STREET ADDRESS **2800 SCENIC GULF DR.**  
CITY-ST-ZIP **DESTIN FL 32550**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **SUE DECKINSON**  
STREET ADDRESS **1044 CLUBHOUSE DR**  
CITY-ST-ZIP **LAKE ISABELLA, MI 48893**

TITLE **D** ☐ Change ☐ Addition  
NAME **RALPH COLEMAN**  
STREET ADDRESS **3921 BRIAR OAK DR**  
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

TITLE **SD** ☐ Change ☒ Addition  
NAME **MARY BLANCHARD**  
STREET ADDRESS **4132 WESTCHESTER TRACE**  
CITY-ST-ZIP **ROSWELL, GA 30075**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Theodore D Rahe* **THEODORE D RAHE** 4/26/05 (850) 244-4418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #