

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 013 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2069524	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAHE, THEODORE D 327 ELDREDGE ROAD FT. WALTON BEACH, FL 32547			Name <u>Rahe, Theodore D</u> Street Address (P.O. Box Number is Not Acceptable) <u>327 Eldredge Road</u> City <u>Ft. Walton Beach</u> FL Zip Code <u>32547</u>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D NAME HAWKINS, PATRICIA STREET ADDRESS 2800 ACENIO GULF DRIVE CITY-ST-ZIP DESTIN, FL 32550	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Doug Jordan Unit #39 STREET ADDRESS 2800 Scenic Gulf Drive CITY-ST-ZIP Destin, FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ISOM, JOANN STREET ADDRESS 330 E. NORTH STREET CITY-ST-ZIP DU QUOIN, IL 62832	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Martin Chandler STREET ADDRESS 276 Hekins Manor Dr. S.E. CITY-ST-ZIP Lawrenceville, Ga 30045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME READ, DAVID STREET ADDRESS 369 CHERRY LAKE RD. CITY-ST-ZIP DU QUOIN, IL 62832	<input type="checkbox"/> Delete		TITLE VD NAME Mary Blanchard STREET ADDRESS 4182 Westchester Trace CITY-ST-ZIP Roswell, Ga 30075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CARTER, GARY STREET ADDRESS 53 MARBOROUGH DRIVE CITY-ST-ZIP SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete				
TITLE AS NAME RAHE, THEODORE D STREET ADDRESS 327 ELDREDGE ROAD CITY-ST-ZIP FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete				
TITLE D NAME DICKINSON, SUE STREET ADDRESS 1044 CLUBHOUSE DRIVE CITY-ST-ZIP LAKE ISABELLA, MI 48893	<input type="checkbox"/> Delete				
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: <u>Martin M. Chandler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					