

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90837 005 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Destin, Florida Zip Country 32550 USA		City & State Destin, Florida Zip Country 32550 USA	
4. FEI Number 59-2069524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u><i>Theodore D Rahe</i></u> NA no change <u><i>4-26-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	PD JORDAN, DOUG <input checked="" type="checkbox"/> Delete	TITLE	PO Susan Dielinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2800 SCENE GULF DRIVE	NAME	1044 Clubhouse Drive 48893
STREET ADDRESS	MIRAMAR BEACH, FL 32550	STREET ADDRESS	Lake Isabella, MI 48890
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, MARTHA	NAME	Chandler, Martin
STREET ADDRESS	275 HELENS MANOR DR. S.E.	STREET ADDRESS	
CITY - ST - ZIP	LAWRENCEVILLE, GA 30045	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCHARD, MARY	NAME	John Cummings
STREET ADDRESS	4182 WESTCHESTER TRACE	STREET ADDRESS	220 E. Meldrum Circle
CITY - ST - ZIP	ROSWELL, GA 30075	CITY - ST - ZIP	St Clair, MI 48079
TITLE	AS <input type="checkbox"/> Delete	TITLE	
NAME	RAHE, THEODORE D	NAME	
STREET ADDRESS	327 ELDREDGE ROAD	STREET ADDRESS	
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, SUE	NAME	Tammy Skilling
STREET ADDRESS	1044 CLUBHOUSE DRIVE	STREET ADDRESS	915 Hemingway Lane
CITY - ST - ZIP	LAKE ISABELLA, MI 48893	CITY - ST - ZIP	Weldon Spring, MO 63304
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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><i>Theodore D Rahe</i></u> Post Secty <u><i>4-26-07</i></u> 850-837-6195 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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