


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90005 041 ****61.25

DOCUMENT # 756782 1. Entity Name SAILWIND CONDOMINIUM ASSOCIATION OF GULF BREEZE, INC.					
Principal Place of Business % 1100 SHORELINE DRIVE GULF BREEZE, FL 32561			Mailing Address % 1100 SHORELINE DRIVE GULF BREEZE, FL 32561		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10 Management Associates P.O. Box 30038 Pensacola, FL 32503 US			
City & State		City & State Pensacola, FL		4. FEI Number 59-2126035	
Zip 32503		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMS, CLAUDIA 1100 SHORELINE DRIVE ATTN:OFFICE GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name Carol Wilkes Street Address (P.O. Box Number Is Not Acceptable) 220 W Garden St. Ste 303 City Pensacola FL Zip Code 32502		
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>Carol Wilkes</i></u> <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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOIG, NANCY 1100 SHORELINE DR #120 GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAULK, VIRGINIA 1200 SHORELINE DR #308 GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAROCCA, SANDY 1200 SHORELINE DR#313 GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SUE 1200 SHORELINE DR #117 GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIDAN, MARILYN 1100 SHORELINE DR., #220 GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SICILLIANO, RICHARD 1100 SHORELINE DR #109 GULF BREEZE, FL 32561	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

60000000



02072006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable