

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756782

FILED
Jun 01, 2008
Secretary of State

Entity Name: SAILWIND CONDOMINIUM ASSOCIATION OF GULF BREEZE, INC.

Current Principal Place of Business:

% 1100 SHORELINE DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

C/O MANAGEMENT ASSOCIATES
P.O. BOX 30038
PENSACOLA, FL 32503

New Mailing Address:

C/O MONTGOMERY MANAGEMENT ASSOCIATES
P.O. BOX 12507
PENSACOLA, FL 32591

FEI Number: 59-2126035 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOODY, SUSAN
33 S. 9TH AVE
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

MONTGOMERY MANAGEMENT ASSOCIATES
33 S. 9TH AVE
PENSACOLA, FL 32502 US

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: TINA WARD

06/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DOIG, NANCY
Address: 1100 SHORELINE DR #120
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: FAULK, VIRGINIA
Address: 1200 SHORELINE DR #308
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: LAROCCA, SANDY
Address: 1200 SHORELINE DR#313
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: MILLER, SUE
Address: 1200 SHORELINE DR #117
City-St-Zip: GULF BREEZE, FL 32561

Title: PD () Delete
Name: SHERIDAN, MARILYN
Address: 1100 SHORELINE DR., #220
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: OVERBY, CHARLES
Address: 1100 SHORELINE DR #120
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: MARILYN SHERIDAN

PRES

06/01/2008

Electronic Signature of Signing Officer or Director

Date