

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756782

FILED  
Feb 14, 2011  
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:**

913 GULF BREEZE PARKWAY  
SUITE 11  
GULF BREEZE, FL 32561

**New Mailing Address:**

913 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561

**FEI Number:** 59-2126035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRONS REALTY GROUP, INC  
913 GULF BREEZE PARKWAY  
SUITE 11  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

BARRONS REALTY GROUP, INC  
913 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561 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: TOM BARRON

02/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S/T  
Name: CONCANNON, JOSEPH  
Address: 1100 SHORELINE DR #103  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: GONZALES, MARK  
Address: 1100 SHORELINE DR #211  
City-St-Zip: GULF BREEZE, FL 32561

Title: VP  
Name: BRIDGEMAN, CLYDINE  
Address: 1200 SHORELINE DR #413  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: MILLER, SUE  
Address: 1100 SHORELINE DR #117  
City-St-Zip: GULF BREEZE, FL 32561

Title: P  
Name: DOIG, NANCY  
Address: 1100 SHORELINE DR #113  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: BREHMER, MICHAEL  
Address: 7643 HILLSIDE ROAD, #1326  
City-St-Zip: EGG HARBOUR, WI 54209

I hereby 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 all other like empowered.

SIGNATURE: TOM BARRON

CAM

02/14/2011

Electronic Signature of Signing Officer or Director

Date