

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 758342

1. Entity Name

THE GULF SHORE CONDOMINIUM ASSOCIATION OF DESTIN, INC.



Principal Place of Business

**514 GULF SHORE DRIVE
DESTIN FL 32541**

Mailing Address

**514 GULF SHORE DRIVE
DESTIN FL 32541**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2103674**

Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, RICHARD M
514 GULF SHORE DR.
SUITE 401
DESTIN FL 32541**

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 *[Signature]* **CRAM**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **4/14/06**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	TITLE	
NAME	HAYDEL, JERRY	NAME	
STREET ADDRESS	255 MIDWAY DR	STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70123	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	JORDAN, JOHN P	NAME	
STREET ADDRESS	514 GULF SHORE DRIVE 304	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BREAUX, JIM	NAME	
STREET ADDRESS	154 ANNE BELLE LN	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN 37312	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	WORRELL, ALAN	NAME	
STREET ADDRESS	3326 BOXWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36111	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	COHEN, M. RICHARD	NAME	
STREET ADDRESS	514 GULF SHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	
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 Section 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, and all other like empowered.

SIGNATURE *[Signature]* **CRAM**

Signature, typed or printed name of registered agent and title if applicable