# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 23, 2007 8:00 am**
**Secretary of State**
04-27-2007 90189 044 ****61.25

DOCUMENT # 758342

1. Entity Name
THE GULFSHORE CONDOMINIUM ASSOCIATION OF DESTIN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 514 GULFSHORE DRIVE<br>DESTIN, FL 32541 | 514 GULFSHORE DRIVE<br>DESTIN, FL 32541 |

DO NOT WRITE IN THIS SPACE

04202007 No Chg-NP CR2E037 (4/06)

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

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

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | HAYDEL, JERRY |
| STREET ADDRESS | 255 MIDWAY DR |
| CITY-ST-ZIP | NEW ORLEANS, LA 70123 |
| TITLE | VD |
| NAME | JORDAN, JOHN P |
| STREET ADDRESS | 514 GULFSHORE DRIVE 304 |
| CITY-ST-ZIP | DESTIN, FL 32541 |
| TITLE | D |
| NAME | BREAUX, JIM |
| STREET ADDRESS | 154 ANNE BELLE LN |
| CITY-ST-ZIP | CLEVELAND, TN 37312 |
| TITLE | TD |
| NAME | WORRELL, ALAN |
| STREET ADDRESS | 3326 BOXWOOD DR |
| CITY-ST-ZIP | MONTGOMERY, AL 36111 |
| TITLE | PD |
| NAME | COHEN, M. RICHARD |
| STREET ADDRESS | 514 GULFSHORE DRIVE |
| CITY-ST-ZIP | DESTIN, FL 32541 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** M. Richard Cohen Pres. 5/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #