

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:23

DOCUMENT # 760416 (8)

1. Corporation Name

GULL POINT OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 34256
PENSACOLA FL 32507

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PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2211134	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, JAN
PERIDIDO MANMAGEMENT SERVICES
14110 PERIDIDO KEY DR STE R 1
PENSACOLA FL 32507

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NANCE, RONALD
STREET ADDRESS 14599 PERIDIDO KEY DR., #15
CITY-ST-ZIP PENSACOLA FL 32507

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME SOUMA, JOHN
STREET ADDRESS 14599 PERIDIDO KEY DR., #9
CITY-ST-ZIP PENSACOLA FL 32507

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V

Hayden Dent

309 Inverness Court
Ocean Springs, MS 39564

xxx Change ☐ Addition

TITLE STD
NAME CARLAN, SANDY
STREET ADDRESS 5760 AVENIDA MARINA
CITY-ST-ZIP PENSACOLA FL 32504

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

Yvonne Mc Carthy

4287 Ashwoody Trail
Atlanta, GA 30319

xxx Change ☐ Addition

TITLE D
NAME MUNOZ, DORIS
STREET ADDRESS 352 BUNKER HILL DRIVE
CITY-ST-ZIP PENSACOLA FL 32507

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

ST

Doris Munoz

352 Bunker Hill Drive
Pensacola, FL 32506

xx Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D

Al Alksninis
14599 Perdido Key Drive, #7
Pensacola, FL 32507

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x *Doris C. Munoz* 2/7/95 904-492-2315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed