

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760416

1. Entity Name

GULL POINT OWNERS ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90075 002 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 34256
PENSACOLA FL 32507

P.O. BOX 34256
PENSACOLA FL 32507-4256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2211134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NADOLNY, BECKY Rebecca J
14180 PERDIDO KEY DR., SUITE 3
PENSACOLA FL 32507

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.

SIGNATURE

Becky (Rebecca) Nadolny

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS DENT, HAYDEN
CITY-ST-ZIP 309 INVERNESS COURT
OCEAN SPRINGS MS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS REED, JIM
CITY-ST-ZIP 14599 PERDIDO KEY DR., #12
PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS MUNOZ, DORIS
CITY-ST-ZIP 352 BUNKER HILL DRIVE
PENSACOLA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS WHITNER, MIKE
CITY-ST-ZIP 14090 INNERARITY RD.
PENSACOLA FL 32507

TITLE ☒ Change ☐ Addition
NAME Director/Secretary/Treasurer
STREET ADDRESS Whitner, Mike
CITY-ST-ZIP 14090 Innerarity Rd
Pensacola, FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Mike Whitner

4/28/00

492-0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)