

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 768081

1. Entity Name
GULF WINDS OWNERS ASSOCIATION, INC.



Principal Place of Business
**1199 FORT PICKENS RD.
PENSACOLA BEACH, FL 32561**

Mailing Address
**1199 FORT PICKENS ROAD
PENSACOLA BEACH, FL 32561**



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2283486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NABER, RICHARD E
1199 FORT PICKENS ROAD
UNIT 305
PENSACOLA BEACH, FL 32561**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NABER, RICHARD E 1199 FT. PICKENS RD. #305 PENSACOLA, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, RICHARD 7740 S. LAKESHORE DRIVE SHREVEPORT, LA 71119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWDEN, TRAVIS 1616 STARLAKE PL PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUNES, WILLIAM R 418 LEXBRIDGE LN BALLWIN, MO 63011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORSTEINSSON, KOLLA 416 DOLPHIN STREET GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SITTON, LTG RAY 10100 HILLVIEW ROAD, #526 PENSACOLA, FL 32514

000000248691
03/02/05-80037-017 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

Date

850 380 2777

Daytime Phone #