


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

01-22-2007 90085 015 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2283486	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Realty Masters of Florida Street Address (P.O. Box Number is Not Acceptable) 1719 North 9th Ave City Pensacola FL Zip Code 32503		
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 <i>x Pamela Akeem</i> (NOTE: Registered Agent signature required when registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D MACLACHLAN, COLIN 1199 FT. PICKENS RD 403 PENSACOLA, FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, RICHARD 7740 S. LAKESHORE DRIVE SHREVEPORT, LA 71119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2TR BOWDEN, TRAVIS 1616 STARLAKE PL PENSACOLA, FL 32507 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, JEANNE 1913 MAGNA CARTA PL BATON ROUGE, LA 70815 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORSTEINSSON, KOLLA 416 DOLPHIN STREET GULF BREEZE, FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SITTON, LTG RAY 10100 HILLVIEW ROAD, #526 PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Richard E. Naber</i> (Richard E. Naber) 2/21/07 850-473-3983 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					