

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
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**



01032008 No Chg-NP CR2E037 (4/06)

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

**REALTY MASTERS OF FLORIDA
1719 N. 9TH AVE.
PENSACOLA, FL 32503**

**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 *Pamela A Keen*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

PAM KEEN

1/4/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000778763

01/11/08-80003-024-61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACLACHLAN, COLIN
STREET ADDRESS	1199 FT. PICKENS RD 403
CITY-ST-ZIP	PENSACOLA, FL 32561
TITLE	P
NAME	NELSON, RICHARD
STREET ADDRESS	7740 S. LAKESHORE DRIVE
CITY-ST-ZIP	SHREVEPORT, LA 71119
TITLE	2TR
NAME	BOWDEN, TRAVIS
STREET ADDRESS	1616 STARLAKE PL
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	HAYES, JEANNE
STREET ADDRESS	1913 MAGNA CARTA PL
CITY-ST-ZIP	BATON ROUGE, LA 70815
TITLE	D
NAME	THORSTEINSSON, KOLLA
STREET ADDRESS	416 DOLPHIN STREET
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	VP
NAME	SITTON, LTG RAY
STREET ADDRESS	10100 HILLVIEW ROAD, #526
CITY-ST-ZIP	PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

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: *Pamela A Keen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAM KEEN

Date

1/4/08 880-473-3283
Daytime Phone #