

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 040 ****61.25

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02132006 No Chg-NP CR2E037 (11/05)

DOCUMENT # N01000000833

1. Entity Name
**GULF PLACE TOWN CENTER EAST NEIGHBORHOOD
OWNERS' ASSOCIATION, INC.**



Principal Place of Business
**7 TOWN CENTER LOOP
UNIT C16
SANTA ROSA BEACH, FL 32459**

Mailing Address
**P.O. BOX 1247
SANTA ROSA BEACH, FL 32459**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3701095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent

~~HALL, STEVEN R~~
~~36468 EMERALD COAST PARKWAY~~
~~SUITE 2101~~
~~DESTIN, FL 32541~~

Cynthia Stenberg
7 Town Ctr Loop
C16
Santa Rosa Bch Fl 32459

**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

Cynthia Stenberg

4/7/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 CASTON, JOHN 2175 DINSMORE RD ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, LINDA 5399 E COUNTY HWY 30A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, ANNE 456 DEER RIDGE LANE NASHVILLE, TN 37221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

Daytime Phone #