2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # N01000000833

FILED Feb 21, 2007 8:00 am Secretary of State 02-21-2007 90020 016 ****61.25

1. Entity Name GULF PLACE TOWN CENTER EAST NEIGHBORHOOD OWNERS' ASSOCIATION, INC.											
7 TOWN CENTER LOOP P.O. B				ng Address BOX 1247 TA ROSA BEACH, FL 32459					J	49188 41120 III	
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Add	3. Mailing Address				11.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042007	Chg-NP	CR2E037	(12/06)		
City & State		City & State				4. FEI Number Applied For 59-3701095 Not Applicable					
Zip			Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Ager	nt	Nome		7. Name and Ad	Idress of New R	legistered Ag	ent	 -
STENBERG, CYNTHIA 7 TOWN CTR LOOP #C16						Name Street Address (P.O. Box Number is Not Acceptable)					
SANTA ROSA BEACH, FL 32459				0.000				· · · · · · · · · · · · · · · · · · ·			
					City			in	FL	Zip Cod	.e
8. The above the obligation	named entit tions of regis	ty submits this statement for tered agent.	or the purpose of o	changing its reg	gistered office o	or register	ed agent, or both, i	n the State of Flo	orida. I am far	miliar with,	and accept
SIGNATURE											
1	Signature typed	for printed name of registered agent	and title if applicable	INOTE Do							
				(HOIL He	egistered Agent signa	ture required	when reinstating)		DATE		
	Filing Fe	e is \$61.25 May 1, 2007	9. [Election Campa	aign Financing tribution.		\$5.00 May Be Added to Fees	Flor	lake check pida Departm	nent of St	tate
10.	Filing Fe Due by M	e is \$61.25	9. I	Election Campa Trust Fund Conf	aign Financing tribution.		\$5.00 May Be	Flor	lake check pida Departm	CTORS IN	tate
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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 outh; 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 addyses, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR