

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 016 ****61.25

DOCUMENT # N03000010580

1. Entity Name
**GULF ISLAND CONDOMINIUMS OWNERS ASSOCIATION
OF NAVARRE BEACH, INC.**



40000561

Principal Place of Business
**3320 W. COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459**

Mailing Address
**3320 W. COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0474676

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**FRANKLIN H. WATSON, P.A.
5365 E. CO. HWY. 30-A
STE. 105
SEAGROVE BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MATHEWS, MAX JR.
STREET ADDRESS 3320 W. COUNTY HWY. 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE VD ☐ Delete
NAME MATHEWS, MAX SR.
STREET ADDRESS 3320 W. COUNTY HWY. 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE STD ☐ Delete
NAME MATHEWS, JAMES A
STREET ADDRESS 3320 W. COUNTY HWY. 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Joseph M. Johnson III
STREET ADDRESS 8945 Manchester Road
CITY-ST-ZIP St. Louis, MO 63144

TITLE ☐ Change ☒ Addition
NAME Director
NAME Sam Polk
STREET ADDRESS 380 Walton Rose Lane
CITY-ST-ZIP Panama City, FL 32413

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/2008 850-267-2601