

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003607

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE GULF PLACE MERCHANTS ASSOCIATION, INC.

**Current Principal Place of Business:**

7 TOWN CENTER LOOP  
C-16  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1247  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-2674199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STENBERG, CYNTHIA T  
7 TOWN CENTER LOOP #C16  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/T ( ) Delete  
Name: DAVIS, PATRICIA  
Address: 1884 COUNTY HWY 393  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP ( ) Delete  
Name: EBERHART, JESS  
Address: 45 TOWN CENTER LOOP UNIT C7  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP/S ( ) Delete  
Name: WARD, DWIGHT  
Address: 1 LAURA HAMILTON BLVD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DAVIS

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date