

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006055

FILED  
Jul 12, 2007  
Secretary of State

**Entity Name:** GULF REFLECTIONS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

504 E BARBOUR ST  
EUFAULA, AL 36072

**New Principal Place of Business:**

619 BEAMS DRIVE  
EUFAULA, AL 36072

**Current Mailing Address:**

504 E BARBOUR ST  
EUFAULA, AL 36072

**New Mailing Address:**

619 BEAMS DRIVE  
EUFAULA, AL 36027

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CAMPBELL, SCOTT M  
34990 EMERALD COAST PKWY STE 301  
DESTIN, FL 32541 US

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: D ( ) Delete  
Name: MARSHALL, EDGAR C IV  
Address: % 504 E BARBOUR ST  
City-St-Zip: EUFAULA, AL 36072

Title: D ( ) Delete  
Name: EDWARDS, LANIER  
Address: % 504 E BARBOUR ST  
City-St-Zip: EUFAULA, AL 36072

Title: D ( ) Delete  
Name: EDWARDS, LANIER  
Address: % 504 E BARBOUR ST  
City-St-Zip: EUFAULA, AL 36072

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

Title: D (X) Change ( ) Addition  
Name: MARSHALL, EDGAR C IV  
Address: % 619 BEAMS DRIVE  
City-St-Zip: EUFAULA, AL 36027

Title: D (X) Change ( ) Addition  
Name: EDWARDS, LANIER  
Address: % 619 BEAMS DRIVE  
City-St-Zip: EUFAULA, AL 36027

Title: D (X) Change ( ) Addition  
Name: EDWARDS, LANIER  
Address: % 619 BEAMS DRIVE  
City-St-Zip: EUFAULA, AL 36027

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: LANIER EDWARDS

D

07/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date