

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 009 ****61.25

DOCUMENT # N06000009454

1. Entity Name

GAP CREEK FWB OWNERS ASSOCIATION, INC.



Principal Place of Business

162 RAINBOW DRIVE
FORT WALTON BEACH, FL 32548

Mailing Address

162 RAINBOW DRIVE
FORT WALTON BEACH, FL 32548

40067618



01292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, CINDY
162 RAINBOW DRIVE
FORT WALTON BEACH, FL 32548



**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

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

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: HOLLAND, CINDY
STREET ADDRESS: 162 RAINBOW DRIVE
CITY-ST-ZIP: FORT WALTON BEACH, FL 32548

TITLE: VP
NAME: GOBLE, DARREL
STREET ADDRESS: 218 B MIRACLE STRIP PKWY
CITY-ST-ZIP: FORT WALTON BEACH, FL 32548

TITLE: T.S.
NAME: COXWELL, JUDY
STREET ADDRESS: 218 B MIRACLE STRIP PKWY
CITY-ST-ZIP: FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #