

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09662

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: GAILIND'S PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2110 WEST 23 STREET  
SUITE D  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15441  
PANAMA CITY, FL 324065441 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ELSASSER, JOHN A.  
2110 WEST 23 STREET  
SUITE D  
PANAMA CITY, FL 32405 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: CPDS ( ) Delete  
Name: ELSASSER, JOHN A  
Address: P.O. BOX15441  
City-St-Zip: PANANMA CITY, FL 324065441

Title: VD ( ) Delete  
Name: SMALLWOOD, JIM L.,  
Address: 2110 WEST 23RD STREET, SUITE D  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: BURGANS, GENA  
Address: 2908 TUPELO DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: AYCOCK, SUSAN  
Address: 7 LACERBACK LANE  
City-St-Zip: ELGIN, SC 29045

Title: D ( ) Delete  
Name: MCINTOSH, GUILIND  
Address: P O BOX 3995  
City-St-Zip: JOHNSON CITY, TN 37602

**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:

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 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: JOHN A. ELSASSER

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date