

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90210 003 ****61.25

DOCUMENT # N22328

1. Entity Name

SOUTH GULF OWNERS ASSOCIATION, INC.



Principal Place of Business

**2300 W MICHIGAN AVE
19
PENSACOLA FL 32526
US**

Mailing Address

**2300 W MICHIGAN AVE
19
PENSACOLA FL 32526
US**

2. Principal Place of Business

2300 W. MICHIGAN AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

19

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

4. FEI Number

59-2857409

Applied For

Not Applicable

Zip
32526

Country

ESCAMBIA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POINTS, RONALD
2300 W MICHIGAN AVE
19
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name

SAME

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

RONALD POINTS

Ronald Points

2-20-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **STEWART, BARBARA**
STREET ADDRESS **2300 W. MICHIGAN AVE. #16**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **VD** ☒ Delete
NAME **STEWART, JIM**
STREET ADDRESS **2300 W. MICHIGAN AVE #16**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **SD** ☒ Delete
NAME **POINTS, DONNA**
STREET ADDRESS **2300 W MICHIGAN AVE, #19**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **TS** ☐ Delete
NAME **RONALD J. POINTS**
STREET ADDRESS **2300 W MICHIGAN AVE #19**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **LITTLEFIELD, JIMMY**
STREET ADDRESS **2300 W. MICHIGAN AVE #6**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **DONNA POINTS**
STREET ADDRESS **2300 W. MICHIGAN AVE. #19**
CITY-ST-ZIP **PENSACOLA, FLORIDA 32526**

TITLE **VD** ☒ Change ☐ Addition
NAME **NANCY GEBHART**
STREET ADDRESS **1428 ROEBLING TRAIL**
CITY-ST-ZIP **PENSACOLA, FLORIDA 32526**

TITLE **SD** ☒ Change ☐ Addition
NAME **SHERRY GREERA**
STREET ADDRESS **2300 W. MICHIGAN AVE. #15**
CITY-ST-ZIP **PENSACOLA, FLORIDA 32526**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **SHELIA MANIS**
STREET ADDRESS **2300 W. MICHIGAN AVE. #2**
CITY-ST-ZIP **PENSACOLA, FLORIDA 32526**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RONALD J. POINTS

Ronald Points

2-20-05

850-944-9537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #