

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22328

FILED
Apr 16, 2009
Secretary of State

Entity Name: SOUTH GULF OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2300 W MICHIGAN AVE
19
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

2300 W MICHIGAN AVE
19
PENSACOLA, FL 32526 US

New Mailing Address:

FEI Number: 59-2857409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POINTS, RONALD
2300 W MICHIGAN AVE
19
PENSACOLA, FL 32526 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: PD () Delete
Name: POINTS, DONNA
Address: 2300 W. MICHIGAN AVE. #16
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: GEBHART, NANCY
Address: 1428 ROBBLING TRAIL
City-St-Zip: PENSACOLA, FL 32526

Title: SD () Delete
Name: GREERE, SHERRY
Address: 2300 W MICHIGAN AVE, #19
City-St-Zip: PENSACOLA, FL 32526

Title: TS () Delete
Name: RONALD J. POINTS
Address: 2300 W MICHIGAN AVE #19
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: LITTLEFIELD, JIMMY
Address: 2300 W. MICHIGAN AVE #6
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: MANIS, SHELIA
Address: 2300 W MICHIGAN AVE #2
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POINTS, DONNA
Address: 2300 W. MICHIGAN AVE. #19
City-St-Zip: PENSACOLA, FL 32526

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

Title: SD (X) Change () Addition
Name: GREEAR, SHERRY
Address: 2300 W MICHIGAN AVE, #15
City-St-Zip: PENSACOLA, FL 32526

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: DONNA POINTS

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date