

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-04-2003 90111 008 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2857409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POINTS, RONALD
2300 W MICHIGAN AVE
19
PENSACOLA FL 32526

Name

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 TS RONALD J. POINTS

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

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	CLARK, HARVEY	
STREET ADDRESS	1957 CORAL ISLAND DR	
CITY-ST-ZIP	PENSACOLA FL 32508	
TITLE	VD	☒ Delete
NAME	DALTON, ANNE	
STREET ADDRESS	2300 CADDY SHACK LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	SD	☐ Delete
NAME	POINTS, DONALD	
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	SHEILA MANNIS	
STREET ADDRESS	2300 W MICHIGAN AVE #2	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME	BARBARA FLARITY	
STREET ADDRESS	2300 W. MICHIGAN AVE. #16	
CITY-ST-ZIP	PENSACOLA, FLORIDA 32526	
TITLE	SD	☐ Change ☐ Addition
NAME	DONNA NOT DONALD	
STREET ADDRESS	NAME CORRECTION	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	JIMMY LITTLEFIELD	
STREET ADDRESS	2300 W. MICHIGAN AVE. #6	
CITY-ST-ZIP	PENSACOLA, FLORIDA 32526	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Ronald J. Points
2-15-03 1-850-944-9537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)