


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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90090 010 ****61.25

DOCUMENT # N23133	
1. Entity Name GULF PINES PROPERTY OWNERS ASSOCIATION OF GULF COUNTY, INC.	

Principal Place of Business 616 GULF PINES DR. PORT SAINT JOE FL 32456 US	Mailing Address PO BOX 681 PORT ST. JOE FL 32457 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number 59-2887399		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SIKES, LYNNE 616 GULF PINES DR. PORT ST JOE FL 32456		7. Name and Address of New Registered Agent Name PACK, GARY Street Address (P.O. Box Number is Not Acceptable) 500 W. 11th ST. PANAMA CITY, FL City FL Zip Code 32401

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 *GARY PACK* **GARY PACK** **4-28-05**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, RUSSELL 539 GULF PINES DR. PORT SAINT JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODWARD, DAVID 728 BARONGATE DR. LAWRENCEVILLE GA 30044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIKES, LYNNE 2424 LOWER BLUE SPRINGS RD. HAMILTON GA 31811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PACK, GARY 500 W. 11th ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIKES, LYNNE 2424 LOWER BLUE SPRINGS RD. HAMILTON GA 31811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD JONES, MILTON 3438 SUE MACK DR. COLUMBUS, GA 31906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACK, GARY 3416 CARDING WAY MCHENRY IL 60050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D'GOULD, PATRICK 190 GULF PINES DR. PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVERETT, JACK 1919 LAKE DOUGLAS RD. BAINBRIDGE GA 31717 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MILTON JONES* **MILTON JONES** **27 APR 05** **706-561-3267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #