

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N23133

1. Entity Name

**GULF PINES PROPERTY OWNERS ASSOCIATION OF
GULF COUNTY, INC.**



Principal Place of Business

**473 GULF PINES DR
PORT SAINT JOE FL 32456
US**

Mailing Address

**PO BOX 681
PORT ST. JOE FL 32457
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2887399

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

**PACK, GARY
378 GULF PINES DR
PORT SAINT JOE FL 32456**

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

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, 2007**

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 WILLIS, BOB
STREET ADDRESS 473 GULF PINES DR
CITY-ST-ZIP PORT SAINT JOE FL 32456

TITLE D ☐ Delete
NAME WOODWARD, DAVID
STREET ADDRESS 728 BARONGATE DR.
CITY-ST-ZIP LAWRENCEVILLE GA 30044

TITLE SD ☐ Delete
NAME PACK, GARY
STREET ADDRESS 500 W. 11TH STREET
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TD ☐ Delete
NAME JONES, MILTON
STREET ADDRESS 3438 SUE MACK DRIVE
CITY-ST-ZIP COLUMBUS GA 31906

TITLE VD ☐ Delete
NAME GOULD, PATRICK
STREET ADDRESS 190 GULF PINES DRIVE
CITY-ST-ZIP PORT SAINT JOE FL 32456

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
U00000644423
03/02/07-80041-018 61.25

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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:

GARY PACK **GARY PACK** 2-21-07 8508724473