

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90031 041 \*\*\*\*61.25

**DOCUMENT # N23133**

1. Entity Name  
**GULF PINES PROPERTY OWNERS ASSOCIATION OF  
GULF COUNTY, INC.**



Principal Place of Business  
**473 GULF PINES DRY  
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

Zip

Country

Zip

Country

02072008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

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

TITLE ☒ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **STACIE SMILEY**  
CITY-ST-ZIP **401 CECIL COSTIN BLVD**  
**PORT ST. JOE, FL 32456**

TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS **GARY PACK**  
CITY-ST-ZIP **378 GULF PINES DR**  
**PORT ST. JOE, FL 32456**

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

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 Chapter 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**

*2-20-08*

*872.4473*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #