

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
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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, BOB		NAME		
STREET ADDRESS	473 GULF PINES DR		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, DAVID		NAME		
STREET ADDRESS	728 BARONGATE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACK, GARY		NAME	STACIE SMILEY	
STREET ADDRESS	500 W. 11TH STREET		STREET ADDRESS	401 CECIL COSTIN BLVD	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MILTON		NAME	GARY PACK	
STREET ADDRESS	3438 SUE MACK DRIVE		STREET ADDRESS	378 GULF PINES DR	
CITY-ST-ZIP	COLUMBUS, GA 31906		CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, PATRICK		NAME		
STREET ADDRESS	190 GULF PINES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>GARY PACK</u>		GARY PACK		2-20-08 850-872-4473	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	