

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23133

FILED
May 22, 2009
Secretary of State

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

Current Principal Place of Business:

473 GULF PINES DRY
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

390 GULF PINES DR
PORT SAINT JOE, FL 32456 US

Current Mailing Address:

PO BOX 681
PORT ST. JOE, FL 32457 US

New Mailing Address:

FEI Number: 59-2887399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDERSON, JAMES
390 GULF PINES DRIVE
PORT SAINT JOE, FL 32456 US

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.

SIGNATURE: JAMES ANDERSON

05/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIS, BOB
Address: 473 GULF PINES DR
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: WOODWARD, DAVID
Address: 728 BARONGATE DR.
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: S () Delete
Name: SMILEY, STACIE
Address: 401 CECIL COSTIN BLVD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VD (X) Delete
Name: GOULD, PATRICK
Address: 190 GULF PINES DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T (X) Delete
Name: PACK, GARY
Address: 378 GULF PINES DR
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIKES, JAMES
Address: 616 GULF PINES DR
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T (X) Change () Addition
Name: ANDERSON, JAMES
Address: 390 GULF PINES DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: S (X) Change () Addition
Name: PERSINGER, WINKIE
Address: 657 GULF PINES DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ANDERSON

T

05/22/2009

Electronic Signature of Signing Officer or Director

Date