

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23133

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

616 GULF PINES DRIVE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

SIKES, LYNNE
616 GULF PINES DR
PORT SAINT JOE, FL 32456 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: SIKES, LYNNE
Address: 616 GULF PINES DR
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: PD
Name: AVERETT, JACK DR
Address: P O BOX 131267
City-St-Zip: BIRMINGHAM, AL 35213 US

Title: M
Name: PERSINGER, WINKIE
Address: 657 GULF PINES DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: VP
Name: WILLIS, BOB
Address: PO BOX 730
City-St-Zip: PORT ST. JOE, FL 32457 US

Title: S
Name: BENNING, CAROLYN
Address: 935 PINE GROVE POINT DRIVE
City-St-Zip: POSWELL, GA 30075

I hereby 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 all other like empowered.

SIGNATURE: LYNNE SIKES

T

02/16/2011

Electronic Signature of Signing Officer or Director

Date