
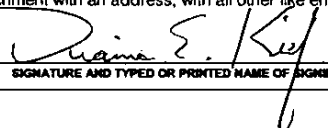


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90087 012 ****61.25

DOCUMENT # N96000005842 1. Entity Name THE GULF PLACE CARIBBEAN OWNERS' ASSOCIATION, INC.					
Principal Place of Business 144 SPICES LN Sparks Lane SANTA ROSA BEACH, FL 32459				Mailing Address P O BOX 1247 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3431331				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAEMER, MARY K 727 HIGHWAY 98 EAST DESTIN, FL 32541			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIEF, DUANE		NAME		
STREET ADDRESS	1799 W HEWETT RD		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, DICK		NAME		
STREET ADDRESS	146 ROSEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	METAIRIE, LA 70005		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORREY, CHUCK		NAME		
STREET ADDRESS	10509 LAKE COVE WAY		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE, TN 38117		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, RAY		NAME		
STREET ADDRESS	3031 OAK TREE LANDING		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30066		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINICK, ANDRE		NAME		
STREET ADDRESS	7952 PRINCEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, OH 44236		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRREY, KAREN		NAME		
STREET ADDRESS	3660 JACKSON PT DR		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, TN 37777		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: 			3/13/2006 850 622-2345		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					