

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90035 013 \*\*\*\*70.00

**DOCUMENT # N96000005842**

1. Entity Name  
**THE GULF PLACE CARIBBEAN OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**144 SPIRES LN  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**P O BOX 1247  
SANTA ROSA BEACH, FL 32459**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3431331**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$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 **Cindy Stenberg**  
Street Address (P.O. Box Number is Not Acceptable) **1 Town Center Loop # C16**  
City **Santa Rosa Beach** FL **32459**

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, 2007**

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 **KIEF, DUANE**  
STREET ADDRESS **1799 WHEWETT RD**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **SD** ☐ Delete  
NAME **WALSH, DICK**  
STREET ADDRESS **146 ROSEWOOD DR**  
CITY-ST-ZIP **METairie, LA 70005**

TITLE **D** ☒ Delete  
NAME **TORREY, CHUCK**  
STREET ADDRESS **10509 LAKE COVE WAY**  
CITY-ST-ZIP **KNOXVILLE, TN 38117**

TITLE **VD** ☐ Delete  
NAME **MARTIN, RAY**  
STREET ADDRESS **3031 OAK TREE LANDING**  
CITY-ST-ZIP **MARIETTA, GA 30066**

TITLE **VS SD/TD** ☐ Delete  
NAME **DOMINICK, ANDRE**  
STREET ADDRESS **7952 PRINCEWOOD DR**  
CITY-ST-ZIP **HUDSON, OH 44236**

TITLE **D** ☒ Delete  
NAME **TRREY, KAREN**  
STREET ADDRESS **3660 JACKSON PT DR**  
CITY-ST-ZIP **LOUISVILLE, TN 37777**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **Haley Joyce**  
STREET ADDRESS **144 Spires Lane, Unit 213**  
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ Change ☒ Addition  
NAME **Davis, Gayle**  
STREET ADDRESS **88 Calle Escada**  
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ Change ☒ Addition  
NAME **Simmons, Kent**  
STREET ADDRESS **2609 Boynton Lane**  
CITY-ST-ZIP **Albany, GA 31707**

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

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:

**Xi Duane E. Kief Duane E. Kief**

**1/17/07**

Date

Daytime Phone #