2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005842

FILED Apr 29, 2009 Secretary of State

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

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
144 SPIRES LN SANTA ROSA BEACH, FL 32459 Current Mailing Address:			SUITE C16	7 TOWN CENTER LOOP SUITE C16 SANTA ROSA BEACH, FL 32459 New Mailing Address:		
			New Maili			
P O BOX SANTA R	1247 OSA BEACH, F	L 32459				
FEI Number	: 59-3431331	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and	l Address of	New Registered Agent:	
	RG, CINDY CENTER LOOP	1				
	OSA BEACH, F	L 32459 US				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing	its registered	l office or registered agent, or both	
SIGNATU						
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	KIEF, DUAINE 1799 W HEWET	Delete IT RD EACH, FL 32459	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	RAUSCH, STEV	DRAPER ROAD	Title: Name: Address: City-St-Zip:	RAUSCH, ST 4589 HOWAF	RD DRAPER ROAD	
Title: Name: Address: City-St-Zip:	D () SIMMONS, KEN 2609 BOYSTON ALBANY, GA 3	I LN.	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Name: Address:	SIMMONS, KEN 2609 BOYSTON ALBANY, GA 31	IT I LN. 1707 Delete E LANDING	Name: Address:	D (DAUGHERTY	(X) Change()Addition /, JIM VOOD BOULEVARD	
Name: Address: City-St-Zip: Fitle: Name: Address:	SIMMONS, KEN 2609 BOYSTON ALBANY, GA 31 VD () MARTIN, RAY 3031 OAK TREE MARIETTA, GA	IT I LN. 1707 Delete E LANDING 30066 Delete DRE	Name: Address: City-St-Zip: Title: Name: Address:	D (DAUGHERTY 107 HOLLYW BIRMINGHAN SDTD (DOMINICK, A	(X) Change () Addition (, JIM VOOD BOULEVARD M, AL 35209 (X) Change () Addition ANDRE ECLIFF DRIVE	

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: DUAINE KIEF PD 04/29/2009