

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003374

FILED  
Feb 06, 2006  
Secretary of State

**Entity Name:** GULF POINTE TOWNHOME HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7190 HWY. 98  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

7190 HWY. 98  
PORT ST. JOE, FL 32456

**New Mailing Address:**

115 ALLEN MEMORIAL WAY  
PORT ST. JOE, FL 32456

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, SUSAN J  
7190 HWY. 98  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

MAY, FRANK D  
115 ALLEN MEMORIAL WAY  
PORT ST. 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: FRANK D. MAY

02/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TAYLOR, SUSAN J  
Address: 7190 HWY. 98  
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD ( ) Delete  
Name: KENERLY, WARD  
Address: 7184 HWY. 98  
City-St-Zip: PORT ST. JOE, FL 32456

Title: TD ( ) Delete  
Name: MAY, FRANK D  
Address: 115 ALLEN MEMORIAL DR.  
City-St-Zip: PORT ST. JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: FRANK D. MAY

TD

02/06/2006

Electronic Signature of Signing Officer or Director

Date