

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006567

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** GULF PLACE COMMUNITY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

7 TOWN CENTER LOOP  
C16  
SANTA ROSA BEACH, FL 32549

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1247  
SANTA ROSA BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-3482149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VORBECK, GARY A  
36008 EMERALD COAST PARKWAY  
SUITE A101  
DESTIN, FL 32541 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: D  
Name: GASTON, R. JOHN JR  
Address: 2175 DINSMORE ROAD  
City-St-Zip: ALPHARETTA, GA 30004

Title: PD  
Name: DIRICO, ERNIE  
Address: 5211 FOREST BROOK PKWY  
City-St-Zip: MARIETTA, GA 30068

Title: DS  
Name: COX, RICHARD  
Address: 118 SPIRES LANE #1B  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DT  
Name: HAWKINS, RICHARD  
Address: 2032 ARBOR HILL PKWY  
City-St-Zip: BIRMINGHAM, AL 35244

Title: DVP  
Name: SWIERCZ, ALAN  
Address: 90 SPIRES LANE UNIT 10B  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:** ERNIE DIRICO

PD

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date