2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90055 017 ****61.25

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1. Entity Name
GULF PLACE CABANAS NEIGHBORHOOD OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
145 SPIRES LANE SANTA ROSA BEACH, FL 32459 US	P.O. BOX 1247 56 SPIRES LANE, 17A SANTA ROSA BEACH, FL 32459 US

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01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3562431
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COFFIELD, COLLEEN
1719 SOUTH COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROGERS, LARRY
STREET ADDRESS	60095 OAKLAWN AVE
CITY-ST-ZIP	LACOMBE, LA 70445
TITLE	S
NAME	NASH, JUDY
STREET ADDRESS	12505 KING RD.
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	T
NAME	POWELL, KEVIN
STREET ADDRESS	5036 STAVERLY LANE
CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	VP
NAME	NAGH, ALVIN
STREET ADDRESS	12505 KING RD.
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

985

SIGNATURE: Larry Rogers President LARRY Rogers 2-10-05 882-5026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #