

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90278 047 ****61.25

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



Principal Place of Business
**145 SPIRES LANE
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**P.O. BOX 1247
56 SPIRES LANE, 17A
SANTA ROSA BEACH, FL 32459 US**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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 ~~80095 OAKLAWN AVE~~
CITY-ST-ZIP ~~LACOMBE, LA 70445~~

TITLE **VP** ~~S/D~~
NAME NASH, JUDY
STREET ADDRESS 12505 KING RD.
CITY-ST-ZIP ROSWELL, GA 30075

TITLE ~~T/D~~
NAME POWELL, KEVIN
STREET ADDRESS 5036 STAVELY LANE
CITY-ST-ZIP NORCROSS, GA 30092

TITLE VP
NAME ~~NASH, ALVIN~~
STREET ADDRESS ~~12505 KING RD.~~
CITY-ST-ZIP ~~ROSWELL, GA 30075~~

TITLE **PD**
NAME **Morri Cowter**
STREET ADDRESS **702 Mim Yista Dr**
CITY-ST-ZIP **Huntsville AL 35802**

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 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:

Kevin Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06 **770 446**
0779
Date Daytime Phone #