2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000007001

1. Entity Name

GULÉ 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

FILED Jan 29, 2007 8:00 am Secretary of State

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01122007 No Chg-NP

CR2E037 (4/06)

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 bit	le if applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROGERS, LARRY 60095 DAKLAWN AVE- LAGGMBE, LA 70445		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD NASH, JUDY 12505 KING RD. ROSWELL, GA 30075					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TD POWELL, KEVIN 5036 STAVERLY LANE NORCROSS, GA 30092			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COULTER, MORRI 702 NIM VISTA DR HUNTSVILLE, AL 35802		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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						

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 officer powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/07

Daytime Phone •