


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90024 012 \*\*\*\*61.25

60018407

<b>DOCUMENT # N98000003199</b> 1. Entity Name <b>GULF PLACE COURTYARD NEIGHBORHOOD OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>7 TOWN CENTER LOOP #C16 SANTA ROSA BEACH, FL 32549</b>			Mailing Address <b>P.O. BOX 1247 SANTA ROSA, FL 32549</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06) 4. FEI Number <b>59-3649240</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STENBERG, CYNTHIA 7 TOWN CENTER LOO#C16 SANTA ROSA BEACH, FL 32459</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD		TITLE		
NAME	SERRINE, ED		NAME		
STREET ADDRESS	12812 FALCON WOOD		STREET ADDRESS		
CITY - ST - ZIP	FAIRFAX, VA 22033		CITY - ST - ZIP		
TITLE	TD		TITLE		
NAME	SWIERCZ, ALAN		NAME		
STREET ADDRESS	90 SPIRES LANE #10B		STREET ADDRESS		
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459		CITY - ST - ZIP		
TITLE	D		TITLE		
NAME	DOUGHTY, REN		NAME		
STREET ADDRESS	3558 CLUBLAND DR		STREET ADDRESS		
CITY - ST - ZIP	MARIETTA, GA 30068		CITY - ST - ZIP		
TITLE	VPD		TITLE		
NAME	DODGE, JULIE		NAME		
STREET ADDRESS	90 SPIRES LANE #8B		STREET ADDRESS		
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459		CITY - ST - ZIP		
TITLE	SD		TITLE		
NAME	HERRINGTON, DAN		NAME		
STREET ADDRESS	463 RUE DE LA PLACE		STREET ADDRESS		
CITY - ST - ZIP	BATON ROUGE, LA 70810		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					