

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004384

FILED  
Mar 14, 2005  
Secretary of State

**Entity Name:** GULF WALK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DENNIS STOCKARD  
357 OLD BEACH RD, BOX 17  
SANTA ROSA BEACH,, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DENNIS STOCKARD  
357 OLD BEACH RD, BOX 17  
SANTA ROSA BEACH,, FL 32459 US

**New Mailing Address:**

**FEI Number:** 59-3532335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOCKARD, DENNIS  
357 OLD BEACH RD., BOX 17  
SANTA ROSA BEACH,, FL 32459 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: PD ( ) Delete  
Name: STOCKARD, DENNIS  
Address: 357 OLD BEACH RD., BOX 17  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D ( ) Delete  
Name: HART, W. CHRISTOPHER  
Address: SUITE 6-A, 151 REGIONS WAY  
City-St-Zip: DESTIN, FL 32541

Title: VSDT ( ) Delete  
Name: STOCKARD, KARA  
Address: 357 OLD BEACH RD, BOX 17  
City-St-Zip: SANTA ROSA BEACH,, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KARA STOCKARD

VSDT

03/14/2005

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

\_\_\_\_\_  
Date