

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004384

FILED
Jan 22, 2007
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

STOCKARD, DENNIS
357 OLD BEACH RD.
SANTA ROSA BEACH,, FL 32459 US

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:

01/22/2007

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: PD (X) Change () Addition
Name: STOCKARD, DENNIS
Address: 357 OLD BEACH RD.
City-St-Zip: SANTA ROSA BCH, FL 32459

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

Title: VSDT (X) Change () Addition
Name: STOCKARD, KARA
Address: 357 OLD BEACH RD,
City-St-Zip: SANTA ROSA BEACH,, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/22/2007

Electronic Signature of Signing Officer or Director

Date