

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90106 005 \*\*\*\*70.00

**DOCUMENT # N99000001662**

1. Entity Name  
**SOUTH BEACH PROPERTY OWNERS ASSOCIATION OF  
GULF COUNTY, INC.**



Principal Place of Business  
**C/O DIAN DEVLIN  
106 MARINER LANE  
PORT SAINT JOE, FL 32456 US**

Mailing Address  
**C/O DIAN DEVLIN  
106 MARINER LANE  
PORT SAINT JOE, FL 32456 US**

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2. Principal Place of Business - No P.O. Box #

**C/O Lynda O Gangeme  
Suite, Apt. #, etc.  
121 Mariner Lane  
Port St Joe FL**

3. Mailing Address

**C/O Lynda O Gangeme  
Suite, Apt. #, etc.  
121 Mariner Lane  
Port St Joe FL**

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3654753**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DEVLIN, DIAN  
106 MARINER LANE  
PORT SAINT JOE, FL 32456**

7. Name and Address of New Registered Agent

Name **Lynda O. Gangeme**  
Street Address (P.O. Box Number is Not Acceptable)  
**121 Mariner Lane**  
City **Port St. Joe FL** Zip Code **32456**

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 **Lynda O. Gangeme**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/06/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LABOLT, ELIZABETH 130 S 6TH AVE LA GRANGE, IL 60525	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANGEME, JOHN 3768 HILL ROAD PAINTED POST, NY 14870	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEVLIN, DIAN 106 MARINER LANE PORT SAINT JOE, FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTY, SANDRA MS 122 MARINER LANE PORT SAINT JOE, FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, THOMAS 21617 BUNKLER ST SAINT CLAIR SHORES, MI 48080	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SANDI, Christy 122 mariner lane Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Bush P.O. Box 10112 Dothan, AL 36304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lynda O. Gangeme 121 Mariner Lane Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robin Renick 123 Mariner Lane Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer At Large Dian Devlin 106 mariner lane Port St. Joe FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lynda O. Gangeme**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/06/07 (850-229-1751)**  
Date Daytime Phone #