

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001662

FILED
Feb 08, 2009
Secretary of State

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

Current Principal Place of Business:

C/O LYNDA O GANGEME
121 MARINER LANE
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

C/O JOHN R. GANGEME
121 MARINER LANE
PORT SAINT JOE, FL 32456 US

Current Mailing Address:

C/O LYNDA O GANGEME
121 MARINER LANE
PORT SAINT JOE, FL 32456 US

New Mailing Address:

C/O JOHN R. GANGEME
121 MARINER LANE
PORT SAINT JOE, FL 32456 US

FEI Number: 59-3654753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANGEME, LYNDA
121 MARINER LANE
PORT SAINT JOE, FL 32456 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: P () Delete
Name: SANDI, CHRISTY
Address: 122 MARINER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V () Delete
Name: BUSH, MICHAEL
Address: P O BOX 10112
City-St-Zip: DOTHAN, AL 36304

Title: D () Delete
Name: DEVLIN, DIAN
Address: 106 MARINER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: P () Delete
Name: CHRISTY, SANDRA MS
Address: 122 MARINER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S () Delete
Name: RENICK, ROBIN
Address: 123 MARINER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTY, JAMES
Address: 122 MARINER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

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

Title: D (X) Change () Addition
Name: LABOLT, ELIZABETH
Address: 130 S. 6TH AVE,
City-St-Zip: LAGRANGE, IL 60525

Title: T (X) Change () Addition
Name: GANGEME, JOHN
Address: 121 MARINER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN R. GANGEME

T

02/08/2009

Electronic Signature of Signing Officer or Director

Date