2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002762

1. Entity Name
GULF COUNTY COASTAL DEVELOPMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7750 ROBINWOOD DR PORT ST. JOE, FL 32456	P.O. BOX 91 PORT ST. JOE, FL 32457

04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617727
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COSTIN, CHARLES A
413 WILLIAMS AVE.
PORT ST. JOE, FL 32456

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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: James G. Johnson Sec 4/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEWEY, BLAYLOCK
STREET ADDRESS	7750 ROBINWOOD DR
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	VD
NAME	MARLEY, SUSAN M
STREET ADDRESS	P.O. BOX 475
CITY-ST-ZIP	PORT ST. JOE, FL 32457
TITLE	STD
NAME	JOHNSON, JAMES G
STREET ADDRESS	212 GAUTIER MEMORIAL WAY
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	D
NAME	KENNEDY, WILLIAM J
STREET ADDRESS	1612 MONUMENT AVE
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	D
NAME	SMITH, JASPER L
STREET ADDRESS	905 MONUMENT AVE.
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	D
NAME	COSTIN, CHARLES A
STREET ADDRESS	413 WILLIAMS AVE.
CITY-ST-ZIP	PORT ST. JOE, FL 32456

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05/06/06-80088-002 61.25

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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: James G. Johnson Sec 4/20/06 850-229-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #