

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002762**

1. Entity Name

**GULF COUNTY COASTAL DEVELOPMENT ASSOCIATION, INC.**



Principal Place of Business

**7750 ROBINWOOD DR  
PORT ST. JOE FL 32456**

Mailing Address

**P.O. BOX 91  
PORT ST. JOE FL 32457**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature is not used when re-instating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 **PD** ☐ Delete  
NAME **DEWEY, BLAYLOCK**  
STREET ADDRESS **7750 ROBINWOOD DR**  
CITY-STATE-ZIP **PORT ST. JOE FL 32456**

TITLE **VD** ☐ Delete  
NAME **MARLEY, SUSAN M**  
STREET ADDRESS **P.O. BOX 475**  
CITY-STATE-ZIP **PORT ST. JOE FL 32457**

TITLE **STD** ☐ Delete  
NAME **JOHNSON, JAMES G**  
STREET ADDRESS **212 GAUTIER MEMORIAL WAY**  
CITY-STATE-ZIP **PORT ST. JOE FL 32456**

TITLE **D** ☐ Delete  
NAME **KENNEDY, WILLIAM J**  
STREET ADDRESS **1612 MONUMENT AVE**  
CITY-STATE-ZIP **PORT ST. JOE FL 32456**

TITLE **D** ☐ Delete  
NAME **SMITH, JASPER L**  
STREET ADDRESS **905 MONUMENT AVE.**  
CITY-STATE-ZIP **PORT ST. JOE FL 32456**

TITLE **D** ☐ Delete  
NAME **COSTIN, CHARLES A**  
STREET ADDRESS **413 WILLIAMS AVE.**  
CITY-STATE-ZIP **PORT ST. JOE FL 32456**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **000000306834**  
CITY-STATE-ZIP **05/05/08-80016-018 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*4/14/08*