

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 041 ****61.25

DOCUMENT # N99000004720

1. Entity Name
**THE GULF PLACE TOWN CENTER NEIGHBORHOOD
OWNERS' ASSOCIATION, INC.**



Principal Place of Business
**95 LAURA HAMILTON BLVD
SANTA ROSA, FL 32459**

Mailing Address
**PO BOX 1247
SANTA ROSA, FL 32459**



02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607213	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, STEVEN*
**36468 EMERALD COAST PARKWAY, SUITE 2201
DESTIN, FL 32541**

Cynthia Stenberg
7 Town Ctr Loop #C16
Santa Rosa Bch Fl 32459

**DO NOT WRITE
IN THIS SPACE**

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

Cynthia Stenberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/07/06

**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	EDDINS, ANDREW
STREET ADDRESS	241 KILBURN COVE
CITY-ST-ZIP	FLORENCE, AL 35631

TITLE	STD
NAME	GREBB, SANDRA
STREET ADDRESS	4388 OLD BADOU TRAIL
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	VD
NAME	GASTON, JOHN
STREET ADDRESS	2175 DINS MORE ROAD
CITY-ST-ZIP	ALPHARETTA, GA 30009

TITLE	D
NAME	MICKLAS, STEVE
STREET ADDRESS	4075 DUNEWOOD PLACE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #