## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004720

Apr 29, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

95 LAURA HAMILTON BLVD 7 TOWN CENTER LOOP

SANTA ROSA, FL 32459 SUITE C16

SANTA ROSA BEACH, FL 32459

Current Mailing Address: New Mailing Address:

PO BOX 1247 PO BOX 1247

SANTA ROSA, FL 32459 SANTA ROSA BEACH, FL 32459

FEI Number: 59-3607213 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STENBARG, CYNTHIA 5TENBERG, CYNTHIA 7 TOWN CENTER LOOP 7 TOWN CENTER LOOP

C-16 C-16

SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 US

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: CYNTHIA STENBERG 04/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 EDDINS, ANDREW
 Name:
 EDDINS, ANDREW

 Address:
 241 KILBURN COVE
 Address:
 231 COUNTY ROAD 280

 City-St-Zip:
 FLORENCE, AL 35631
 City-St-Zip:
 FLORENCE, AL 35633

Title: STD () Delete Title: STD (X) Change () Addition Name: GREBB, SANDRA Name: GREGG, SANDRA

 Address:
 4388 OLD BADOU TRAIL
 Address:
 4388 OLD BAYOU TRAIL

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541 34

Title: VD () Delete Title: () Change () Addition

 Name:
 GASTON, JOHN
 Name:

 Address:
 2175 DINS MORE ROAD
 Address:

 City-St-Zip:
 ALPHARETTA, GA 30009
 City-St-Zip:

 $\label{eq:time_problem} \mbox{Title:} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Change (X) Addition}$ 

Name:Name:NICKLAS, STEVEAddress:Address:4075 DUNEWOOD PLACECity-St-Zip:City-St-Zip:FERNANDINA BEACH, FL 32034

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: ANDREW EDDINS PD 04/29/2009