

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90046 002 ***150.00

DOCUMENT # P97000002820

1. Entity Name
THE VILLAS AT GULF BREEZE, INC.



Principal Place of Business Mailing Address
101 MCABEE CT 101 MCABEE CT
GULF BREEZE, FL 32561 US GULF BREEZE, FL 32561 US

04010024



02112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3446704

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, BELIE B
505 JAMES RIVER ROAD
GULF BREEZE, FL 32561

Name **ELAINE WILLIAMS**

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

505 JAMES RIVER RD.

City **GULF BREEZE**

FL

Zip Code **32561**

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 *Elaine Williams* **ELAINE WILLIAMS**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

EFFECTIVE 12-1-03
2-1-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Delete
NAME **WILLIAMS, BELIE**
STREET ADDRESS **505 JAMES RIVER ROAD**
CITY-ST-ZIP **GULF BREEZE, FL 32561**
EFFECTIVE 12-1-03

TITLE **DPS** ☐ Change ☒ Addition
NAME **WILLIAMS, ELAINE**
STREET ADDRESS **505 JAMES RIVER RD.**
CITY-ST-ZIP **GULF BREEZE, FL 32561**
EFFECTIVE 12-1-03

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *Elaine Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

Date

850 934-1061

Daytime Phone #

ELAINE WILLIAMS, PRESIDENT