

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000047895

1. Entity Name
GULFWINDS DEVELOPMENT, INC.



Principal Place of Business

**1645 BARBER RD
SARASOTA, FL 34240**

Mailing Address

**1645 BARBER RD
SARASOTA, FL 34240**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0924114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCINTYRE, JOHN A
1645 BARBER RD
SARASOTA, FL 34240**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000223523
02/10/05-80046-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCINTYRE, JOHN A
STREET ADDRESS	1645 BARBER RD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	ELWELL, GREGORY C
STREET ADDRESS	1645 BARBER RD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	STRAMMER, FREDERICK
STREET ADDRESS	1645 BARBER RD
CITY-ST-ZIP	SARASOTA, FL 34240
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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 7, 2005 (941) 377-6800

Date

Daytime Phone #