


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90068 030 ***150.00

| | | |
|---|---|--|
| DOCUMENT # P99000051437 1. Entity Name GULF PLACE DEVELOPMENT COMPANY | |  |
| Principal Place of Business 95 LAURA HAMILTON BLVD. STE. C-1 SANTA ROSA BEACH FL 32459 | | Mailing Address 95 LAURA HAMILTON BLVD. STE. C-1 SANTA ROSA BEACH FL 32459 |
| 2. Principal Place of Business 7 TOWN CENTER LOOP Suite, Apt. #, etc. C14 | 3. Mailing Address 7 TOWN CENTER LOOP Suite, Apt. #, etc. C14 | |
| City & State SANTA ROSA BEACH FL | City & State SANTA ROSA BEACH FL | |
| Zip 32459 | Country U.S. | Zip 32459 |
| Country U.S. | | Country U.S. |
| 6. Name and Address of Current Registered Agent HALL, STEVEN K 36468 EMERALD COAST PARKWAY, BLDG 2,S-220A DESTIN FL 32541 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | |
| DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D ANDREWS, ANGUS G JR 95 LAURA HAMILTON BLVD UNIT C-5 SANTA ROSA FL 32459 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ABBOTT, WILLIAM W JR 506 HWY 98 DESTIN FL 32541 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D ABBOTT, STEPHEN 506 HWY 98 DESTIN FL 32541 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D STEINER, MICHELLE 337 CALHOUN AVE DESTIN FL 32541 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D VAN DIVER, CHARLES H III 506 HWY 98 DESTIN FL 32541 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VD ROOKIS, RICHARD J 4444 W HWY 30-A SANTA ROSA FL 32459 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Richard Rookis</u> 2.15.05 850.267.3400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |

JUL 17 2005



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3589594** Applied For ☐ Not Applicable ☐

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