

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham\*  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V36407  
1. Corporation Name  
GULFWIND AT PALM ISLAND, INC.

(7)



Principal Place of Business

7090 PLACIDA ROAD  
CAPE HAZE FL 33946  
US

Mailing Address

2005 N TAMiami TR  
~~4001 KEN THOMPSON PARKWAY~~  
SARASOTA FL 34234-8342  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 2005 N TAMiami TR

27 Suite, Apt. #, etc.

28 SARASOTA FL

29 34234-8342

Country

30 US

3. Date Incorporated or Qualified

05/08/1992

3a. Date of Last Report

02/08/1996

4. FEI Number

65-0340756

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCGINNESS, W. LEE  
1819 MAIN ST.  
SUITE 1100  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name William F Robertson Jr  
82 Street Address (P.O. Box Number is Not Acceptable)  
720 S. Orange Ave  
83 Sara FL 34236  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
WHIPP, EUGENE W  
1601 KEN THOMPSON PKWY  
SARASOTA FL 34236

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
VD  
LYNCH, W. TERRY  
7090 PLACIDA ROAD  
CAPE HAZE FL 33946

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
VD  
WHIPP, NORMA C  
1601 KEN THOMPSON PKWY  
SARASOTA FL 34236

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E034 (9/96)