

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722499** (1)
1. Corporation Name
GULF PINES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business GULF PINES DRIVE SANIBEL FL 33912 US	Mailing Address P O BOX 100 SANIBEL FL 33957 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/21/1972	
4. FEI Number 59-1803734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JAMBECK NICK 1633 PERIWINKLE WAY SANIBEL FL 33957

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MCALPINE, DUNCAN A.
STREET ADDRESS	4245 GULF PINES DRIVE
CITY-ST-ZIP	SANIBEL FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BRASHLER, SHIRLEY F.
STREET ADDRESS	4455 GULF PINES DR
CITY-ST-ZIP	SANIBEL FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SIEBER, CARL C.
STREET ADDRESS	15288 BRIAR RIDGE CR
CITY-ST-ZIP	FT MYERS FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MACK, JOHN P.
STREET ADDRESS	4221 GULF PINES DR
CITY-ST-ZIP	SANIBEL FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	REYNOLDS, KATIE
STREET ADDRESS	4207 GULF PINES DR.
CITY-ST-ZIP	SANIBEL FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WILLIAMS, ELLEN
STREET ADDRESS	977 BLACK SKIMMER WAY
CITY-ST-ZIP	SANIBEL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

J.P. Mack *JOHN MACK* 2/15/98 9414725938

CP2E037 (10/97)