


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90176 034 ****61.25

DOCUMENT # 722499

1. Entity 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

40080417



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

Zip Country Zip Country

4. FEI Number
59-1803734

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MACKESY, STEVE
711 TARPON BAY ROAD
SANIBEL, FL 33957

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEA, JACK	
STREET ADDRESS	4214 OLD BANYAN WAY	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOLEY, TOM	
STREET ADDRESS	4241 OLD BANYON WAY	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIRD, JIM	
STREET ADDRESS	4452 GULF PINES DRIVE	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUMPHRIES, BARRY	
STREET ADDRESS	4445 GULF PINES DRIVE	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SETTE, RICHARD	
STREET ADDRESS	1027 BIRDWATER WAY	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, PAM	
STREET ADDRESS	4285 GULF PINES DRIVE	
CITY-ST-ZIP	SANIBEL, FL 33957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Comer	
STREET ADDRESS	5103 Calusa Court	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4445 Gulf Pines Drive	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christina Schluter	
STREET ADDRESS	4455 Gulf Pines Drive	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Maffei	
STREET ADDRESS	4249 Old Banyon way	
CITY-ST-ZIP	Sanibel FL 33957	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: BARRY K. HUMPHRIES, President 3-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #