

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722499

FILED
Mar 27, 2012
Secretary of State

Entity Name: GULF PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1803734 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACKESY, STEVEN
C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHLUTER, CHRISTINE
Address: 4455 GULF PINES DR
City-St-Zip: SANIBEL, FL 33957

Title: VD
Name: BOORN, JOHN
Address: 4389 GULF PINES DR
City-St-Zip: SANIBEL, FL 33957

Title: SD
Name: BRIGHTMAN, H PHARR
Address: 977 BLACK SKIMMER WAY
City-St-Zip: SANIBEL, FL 33957

Title: TD
Name: RICE, CYNTHIA
Address: 4345 GILF PINES DR
City-St-Zip: SANIBEL, FL 33957

Title: D
Name: WATKINS, CAROL
Address: 4233 GULF PINES DR
City-St-Zip: SANIBEL, FL 33957

Title: D
Name: BAZZONE, BARBARA
Address: 992 BLACK SKIMMER WAY
City-St-Zip: SANIBEL, FL 33957

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE SCHLUTER

PD

03/27/2012

Electronic Signature of Signing Officer or Director

Date