2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 12, 2004 8:00 am **Secretary of State DOCUMENT # 725574** 1. Entity Name 02-12-2004 90012 033 ****61.25 GULF SHORES PROPERTY OWNERS' ASSOCIATION. Principal Place of Business Mailing Address 997 FISHCROW RD SANIBEL FL 33957 997 FISHCROW RD SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3242207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONGRAM, SAMUEL R Street Address (P.O. Box Number is Not Acceptable) 997 FISHCROW RD SANIBEL FL 33957 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE □ Delete Change ☐ Addition Kiefer, Paul SMITH, EDWARD NAME NAME 4472 WATERS EDGE LANE 1043 Blue Heron Drive STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 Sanibel, FL 33957 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Delete TITLE TITLE ☐ Change Addition KIEFER, PAUL Pike, Larry NAME 1043 BLUE HERON DR 1068 White Ibis Drive STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 Sanibel; FL 33957 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition CONGRAM, SAMUEL Congram, Samuel NAME NAME 997 FISHCROW RD 997 Fishcrow Rd. STREET ADDRESS STREET ADDRESS CITY-ST-7IP SANIBEL, FL 00000 CITY-ST-ZIP 33957 Sanibel, FL TITLE Delete TITLE Change ☐ Addition DEARBORN, DEBORAH NAME NAME Haffenreffer, Jean 4449 WATERS EDGE LANE STREET ADDRESS STREET ADDRESS 1069 Blue Heron Drive SANIBEL FL 33957 CITY-ST-ZIP CITY-ST-ZIP Sanibel, FL 33957 TITLE ☐ Delete TITLE ☐ Change Addition HAFFENREFFER, JEAN NAME NAME Seaward, Nancy 1069 BLUE HERON DR. STREET ADDRESS STREET ADDRESS 1072 Blue Heron Drive SANIBEL FL 33957 CITY-ST-ZIP CITY-ST-ZIP Sanibel, FL 33957 TITLE ☐ Delete TITLE ☐ Change Addition GORNICK, ROBERT NAME Smith, Martha 1035 BLUE HERON DR. STREET ADDRESS STREET ADDRESS 4472 Waters Edge Lane SANIBEL FL 33957 City-St-ZIP CITY-ST-ZIP <u>339</u>57 Sanibel.

FILED

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 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. 239-412-4691 SAMUEL R CONGRAM 2/9/04 SIGNATURE:

FL