

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728504

FILED
Mar 21, 2008
Secretary of State

Entity Name: GULF SHORES ASSOCIATION, INC.

Current Principal Place of Business:

18650 GULF BLVD
INDIAN SHORES, FL 33785

New Principal Place of Business:

5901 SUN BOULEVARD
SUITE 200
ST. PETERSBURG, FL 33715

Current Mailing Address:

5901 SUN BOULEVARD
SUITE 200
ST PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-1547832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT, INC.
5901 SUN BOULEVARD
SUITE 200
ST. PETERSBURG, FL 33715 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 () Delete
Name: DURAN, YOLANDA
Address: 18650 GULF BLVD, #612
City-St-Zip: INDIAN SHORES, FL 33785

Title: D () Delete
Name: DECORATO, JERRY
Address: 18650 GULF BLVD, #302
City-St-Zip: INDIAN SHORES, FL 33785

Title: VPD () Delete
Name: TERRELL, JOHN
Address: 18650 GULF BLVD #403
City-St-Zip: INDIAN SHORES, FL 33785

Title: T () Delete
Name: DAVIS, JOHN
Address: 18650 GULF BLVD #414
City-St-Zip: INDIAN SHORES, FL 33785

Title: S () Delete
Name: EVANS, MARLENE
Address: 18650 GULF BLVD #506
City-St-Zip: INDIAN SHORES, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROL SHIER

MGR

03/21/2008

Electronic Signature of Signing Officer or Director

_____ Date