


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90044 014 \*\*\*\*61.25

**DOCUMENT # 740665**

1. Entity Name  
**GULF KEY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**540 NEPTUNE AVE., #1**  
**STE 6**  
**LONGBOAT KEY, FL 34228 US**

Mailing Address  
**540 NEPTUNE AVE., #1**  
**STE 7**  
**LONGBOAT KEY, FL 34228 US**

**40067763**

2. Principal Place of Business - No P.O. Box #  
**540 Neptune Ave**

3. Mailing Address  
**540 Neptune Ave.**

Suite, Apt. #, etc.  
**#7**



04022008 Chg-NP CR2E037 (12/06)

City & State  
**Longboat Key, FL**

City & State  
**Longboat Key, FL**

Zip  
**34228**

Country  
**USA**

4. FEI Number  
**59-1764848**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MACINNES, KAREN**  
**540 NEPTUNE AVE., #1**  
**LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent

Name  
**Ellis, Guy**

Street Address (P.O. Box Number is Not Acceptable)  
**540 Neptune Ave., #7**

City  
**Longboat Key**

State  
**FL**

Zip Code  
**34228**

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 *Guy D. Ellis* DATE 4/5/08

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

Filing Fee is **\$61.25** Due by **May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD MAC INNES, KAREN 540 NEPTUNE AVE. #1 LONGBOAT KEY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AULT, BARBARA 540 NEPTUNE AVE #8 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ELLIS, GUY 540 NEPTUNE AVE #7 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alica Freed 165 Morningside Pt. Sarasota, FL. 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Guy D. Ellis* DATE: 4/5/08 DAYTIME PHONE #: 941-377-6775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR