


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-03-2004 90441 041 ****61.25

DOCUMENT # 742988			
1. Entity Name GULF HEIGHTS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4120 BELAIR LANE #205 NAPLES, FL 34103 US		Mailing Address 4120 BELAIR LANE #205 NAPLES, FL 34103 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101	
City & State		City & State	
Zip	Country	Zip	Country
04132004		Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0037523		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIDWOOD, DONNA 4120 BELAIR LANE APT 205 NAPLES, FL 34103 Kiesel, Diane 4120 Belair Ln #101 Naples FL 34103		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: <i>Diane Kiesel</i>		DATE: <i>6/14/04</i>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PSD	NAME: KELSEI DIANE	TITLE:	NAME: Kiesel
STREET ADDRESS: 5911 BRITTANY VALLEY RD	CITY-ST-ZIP: LOUISVILLE, KY 40222	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: TD	NAME: KOLTER, BEVERLY	TITLE:	NAME:
STREET ADDRESS: 8522 CHELTENHAM CIRCLE	CITY-ST-ZIP: LOUISVILLE, KY 40222	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: HUGHES, CLIFFORD	TITLE:	NAME: Hughes Clifford
STREET ADDRESS: PO BOX 1775	CITY-ST-ZIP: MEREDITH, NH 03253	STREET ADDRESS: 24 Ridge wood Dr.	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME: Atkinson N.H.
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP: 03811
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Beverly M. Kotter</i>		DATE: <i>5/20/04</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <i>502-426-4251</i>	