


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90079 029 \*\*\*\*61.25

**DOCUMENT # 742988**

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



Principal Place of Business <b>4120 BELAIR LANE          #101          NAPLES, FL 34103 US</b>	Mailing Address <b>4120 BELAIR LANE          #101          NAPLES, FL 34103 US</b>
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**DO NOT WRITE IN THIS SPACE**

40070000



04012007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0037523</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KIESEL, DIANE  
 4120 BELAIR LANE  
 #101  
 NAPLES, FL 34103**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KIESEL, DIANE 5911 BRITTANY VALLEY RD LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOLTER, BEVERLY 8522 CHELTENHAM CIRCLE LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, CLIFFORD BRYANT WOODS/24 RIDGEWOOD DR. ATKINSON, NH 03811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Haley Ct. Londonderry NH 03053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Beverly M. Kolter 4/20/07 Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #