


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 744857 1. Entity Name GULFPORT SHORES ADULT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715	Mailing Address 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1971271	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

ROUANZON, SUSAN
 1110 PINELLAS BAYWAY #207
 TIERRA VERDE, FL 33715

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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 _____
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, 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	VPD BAXTER, PAULETTE 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADY, LARRY 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGANARO, BOB 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOTZ, DAVID 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, HARRY 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Bob Manganaro Bob Manganaro 2/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #