

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90007 005 ****61.25

40042130



03142007 Chg-NP CR2E037 (12/06)

DOCUMENT # 756084							
1. Entity Name GRAMERCY CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 2777 GULF SHORE BLVD NO NAPLES, FL 34103 US			Mailing Address 2777 GULF SHORE BLVD NO NAPLES, FL 34103 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2074345			
				Applied For <input type="checkbox"/> 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				
SAMOUCÉ, ROBERT C 800 LAUREL OAK DRIVE SUITE 300 NAPLES, FL 34108			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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	ABCC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, JAMES P		NAME				
STREET ADDRESS	2777 GULF SHORE BLVD. N		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, L. JACK		NAME				
STREET ADDRESS	2777 GULF SHORE BLVD. N		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
TITLE	BCC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NETHERTON, WILLIAM R		NAME				
STREET ADDRESS	2777 GULF SHORE BLVD. N		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GIVENS, AMBROSE W		NAME	Rouse, Will			
STREET ADDRESS	2777 GULF SHORE BLVD		STREET ADDRESS	2777 Gulf Shore Blvd			
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples FL 34103			
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERREI, SALVATORE		NAME				
STREET ADDRESS	2777 GULF SHORE BVLVD N		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Carrigan, Sandy			
STREET ADDRESS			STREET ADDRESS	2777 Gulf Shore Blvd			
CITY-ST-ZIP			CITY-ST-ZIP	Naples FL 34103			
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: 			Date: 3/14/07				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 339-263-0031				