


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90042 018 ****61.25

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		4. FEI Number 59-2074345	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAMOUCÉ, ROBERT C 800 LAUREL OAK DRIVE SUITE 300 NAPLES FL 34108			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROUSE, WILL	NAME	NEAL, THOMAS		
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	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERREI, SALVATORE	NAME			
STREET ADDRESS	2777 GULF SHORE BLVD N	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARRIGAN, SANDY	NAME			
STREET ADDRESS	2777 GULF SHORE BLVD	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William R. Netherton 1/28/08 239-263-3652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #