

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001489

1. Entity Name

GULF SHORE ASSOCIATION OF CONDOMINIUMS, INC.



Principal Place of Business

4301 GULF SHORE BLVD STE 600
NAPLES FL 34103

Mailing Address

4301 GULF SHORE BLVD STE 600
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

57-1148163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDEL, MURRAY H
4301 GULF SHORE BLVD STE 600
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HENDEL, MURRAY H
4301 GULF SHORE BLVD STE 600
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000040921
02/09/04-80067-005-61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BATTAGLIA, CHRIS
3971 GULF SHORE BLVD
NAPLES FL 34103 ☐ Delete

TITLE
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CITY - ST - ZIP
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TITLE
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T
GOWLANO, RUSS
4451 GULF SHORE BLVD.
NAPLES FL 34103 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/04

239 403 7013