


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 012 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>4451 GULF SHORE BLVD #1604</i>			
City & State		City & State <i>NAPLES FL</i>			
Zip	Country	Zip <i>34103</i>	Country <i>USA</i>	4. FEI Number 57-1148163	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDEL, MURRAY H 4301 GULF SHORE BLVD STE 600 NAPLES, FL 34103			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 <i>R. H. Gowland</i> <i>1/10/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENDEL, MURRAY H 4301 GULF SHORE BLVD STE 600 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BATTAGLIA, CHRIS 3971 GULF SHORE BLVD NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>EWING SUTHERLAND</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4005 GULF SHORE BLVD #503</i> <i>NAPLES FL 34103</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete GOWLAND, RUSS 4451 GULF SHORE BLVD. #1604 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>R. H. Gowland</i> <i>1/10/2008</i> <i>239 403 2013</i>					