


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N05000011083


1. Entity Name
 GULF HARBOR MARINA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

800 NORTH HIGHLAND AVENUE STE 200 800 NORTH HIGHLAND AVENUE STE 200
 ORLANDO, FL 32803 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE



02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4134708	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

WILLIAMS, WARREN E
 800 NORTH HIGHLAND AVENUE STE 200
 ORLANDO, FL 32803

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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 _____ (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. **\$5.00** May Be Added to Fees

U00000654226
 03/13/07-80053-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAWLER, THOMAS P
STREET ADDRESS	800 NORTH HIGHLAND AVENUE STE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	MANUEL, J. TODD
STREET ADDRESS	800 NORTH HIGHLAND AVENUE STE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	WILNER, DAVID M
STREET ADDRESS	800 NORTH HIGHLAND AVENUE STE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 life empowered.

SIGNATURE: David M. Wilner Date: 2-21-07 Daytime Phone #: 407-292-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR