

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12477

FILED
Apr 21, 2009
Secretary of State

Entity Name: GULF ISLAND CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6035 SEA RANCH DRIVE
HUDSON, FL 34667

New Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

6035 SEA RANCH DRIVE
HUDSON, FL 34667

New Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

FEI Number: 59-2261252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTHER, PATRICK G PD
6035 SEA RANCH DRIVE, #503
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: KIM JOHNSON, PRESIDENT

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTHER, PATRICK G PD
Address: 6035 SEA RANCH DR, # 503
City-St-Zip: HUDSON, FL 34667

Title: TD () Delete
Name: MARTIN, TIMOTHY R TD
Address: 15708 ALLMAND DR
City-St-Zip: HUDSON, FL 34677

Title: SD () Delete
Name: BREESE, EDWIN V SD
Address: 6035 SEA RANCH DR, # 515
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK WALTHER

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date