

**FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00**

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
 Sandra B. Apthorp  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N44222 (0)**  
 1. Corporation Name  
**GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

7290 COLLEGE PKWY STE 424 FT. MYERS FL 33907 7290 COLLEGE PKWY STE 424 FT. MYERS FL 33907

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAR 28 PM 6:18

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
 07/02/1991 03/14/1994

4. FEI Number Applied For  
 22-3124770 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

HALL, VALERIE A.  
 5693 ANDERSON LN.  
 FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN CLIEF, MARY ANN	1 2 NAME	
STREET ADDRESS	126 E.56TH ST., 10TH FL	1 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGENBERG, KRISTI	2 2 NAME	
STREET ADDRESS	5800 GASPARILLA RD.	2 3 STREET ADDRESS	Remove
CITY - ST - ZIP	BOCA GRANDE FL	2 4 CITY - ST - ZIP	
TITLE	STD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, VALERIE A.	3 2 NAME	
STREET ADDRESS	7290 COLLEGE PARKWAY	3 3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL	3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4 2 NAME	VICTOR C. BIGGS "D"
STREET ADDRESS		4 3 STREET ADDRESS	7290 COLLEGE PARKWAY
CITY - ST - ZIP		4 4 CITY - ST - ZIP	FORT MYERS, FL
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Van Clief President 2-23-95 (813) 275-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone/Fax #)