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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44222 (0)
1. Corporation Name
GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION, I NC.

Principal Place of Business 7290 COLLEGE PKWY STE 424 FT. MYERS FL 33907	Mailing Address 7290 COLLEGE PKWY STE 424 FT. MYERS FL 33907-5650
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3. Date Incorporated or Qualified 07/02/1991	3a. Date of Last Report 03/18/1996
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21. Principal Place of Business 430 W. 4th STREET	22a. Mailing Address P.O. Box 1648
22. Suite, Apt. #, etc.	22b. Suite, Apt. #, etc.
23. City & State Boca Grande FLORIDA	23a. City & State Boca Grande FL
24. Zip 33921	24a. Country USA.
25. Zip 33921	25a. Country USA.

4. FEI Number 22-3124770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HALL, VALERIE A.
15693 ANDERSON LN.
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name SPURGEON, MARK A.
82 Street Address (P.O. Box Number is Not Acceptable) 430 W. 4th Street
83
84 City Boca Grande
85 Zip Code FL 33921

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] **ASST SECY.** DATE: **4-30-97**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME VAN CLIEF, MARY ANN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 126 E.56TH ST.,10TH FL	CITY-ST-ZIP NEW YORK NY	
TITLE D	NAME BIGGS, VICTOR C.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7290 COLLEGE PARKWAY	CITY-ST-ZIP FT MYERS FL	
TITLE STD	NAME HALL, VALERIE A.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7290 COLLEGE PARKWAY	CITY-ST-ZIP FORT MYERS FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Hall, John C.	
1.3 STREET ADDRESS NA. P.O. Box 607	
1.4 CITY-ST-ZIP Boca Grande - FL - 33921	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Singer, Susanne D.	
2.3 STREET ADDRESS NA. P.O. Box 576	
2.4 CITY-ST-ZIP Boca Grande, FL - 33921	
3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Boomer, Robert E.	
3.3 STREET ADDRESS NA. P.O. Box 424	
3.4 CITY-ST-ZIP Boca Grande, FL 33921	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Snare, William D.	
4.3 STREET ADDRESS 800 Clermont ST.	
4.4 CITY-ST-ZIP Denver - CO - 80220	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Castrucci, George E.	
5.3 STREET ADDRESS 8355 Old stable Rd	
5.4 CITY-ST-ZIP Cincinnati - OH - 45243	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Reitz, Neal C.	
6.3 STREET ADDRESS 1653 Wedgewood DR. NE.	
6.4 CITY-ST-ZIP Owatonna - MN - 55060	

14. I do 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 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: [Signature] **REQUIRED** DATE: **4/9/97** Daytime Phone # **005480**

CFR2E037 (9/96)

**Gulf Shores North
Property Owners Association, Inc.**
P.O. Box 1648
Boca Grande, Florida 33921

OTHER DIRECTORS

D

WILLIAMS, ALAN
NA P.O. Box 423
Boca Grande, FL 33921

ASST S

SPURGEON, MARK A.
430 W. 4th STREET
Boca Grande - FL - 33921