


3-9-98 3-2993 -C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 430 W. 4TH STREET BOCA GRANDE FL 33921 US	Mailing Address P.O. BOX 1648 BOCA GRANDE FL 33921 US
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3. Date Incorporated or Qualified
07/02/1991

4. FEI Number 22-3124770	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SPURGEON, MARK A
 430 W. 4TH ST.
 BOCA GRANDE FL 33921**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAIL, JOHN C	
STREET ADDRESS	P.O. BOX 607 N/A	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SINGER, SUSANNE D	
STREET ADDRESS	P.O. BOX 576 N/A	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOOMER, ROBERT E	
STREET ADDRESS	P.O. BOX 424	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNARE, WILLIAM D	
STREET ADDRESS	900 CIERMONT ST.	
CITY-ST-ZIP	DEVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTRUCCI, GEORGE E	
STREET ADDRESS	8355 OLD STABLE RD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REITZ, NEAL C	
STREET ADDRESS	1853 WEDGEWOOD DR.N.E.	
CITY-ST-ZIP	OWATONNA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ DATE: **3-12-98**

CR2E037 (10/97)