


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90089 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44222

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/02/1991	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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SPURGEON, MARK A 430 W. 4TH ST. BOCA GRANDE FL 33921		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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGER, SUSANNE D		1.2 NAME		
STREET ADDRESS	P.O. BOX 576 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOMER, ROBERT E		2.2 NAME		
STREET ADDRESS	P.O. BOX 424		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNARE, WILLIAM D		3.2 NAME		
STREET ADDRESS	300 CIERMONT ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEVER CO		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRUCCI, GEORGE E		4.2 NAME		
STREET ADDRESS	8355 OLD STABLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REITZ, NEAL C		5.2 NAME		
STREET ADDRESS	1653 WEDGEWOOD DR.N.E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OWATONNA MN		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 941 964-0338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00651089
 CR2E037-11198