

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 04, 2006
Secretary of State**

DOCUMENT# N44222

Entity Name: GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

375 PARK AVE
P.O. BOX 1648
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1648
BOCA GRANDE, FL 33921 US

New Mailing Address:

FEI Number: 22-3124770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MADSEN, THOMAS
3450 PEPPERWOOD LANE
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REITZ, NEAL
Address: 212 WILLENGERS PLACE NE
City-St-Zip: OWATONNA, MN 55060

Title: D () Delete
Name: ANDERSON, YVONNE
Address: PO BOX 729
City-St-Zip: BOCA GRANDE, FL

Title: D () Delete
Name: PETERSON, JOHN
Address: 2802 S. 975 EAST
City-St-Zip: ZIONSVILLE, IN 46077

Title: STD () Delete
Name: WELLS, HAROLD
Address: PO BOX 1397
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPD () Delete
Name: KUNKLER, WILLIAM
Address: PO BOX 515
City-St-Zip: BOCA GRANDE, FL 33921

Title: PD () Delete
Name: ALEY, G. THOMAS
Address: P.O. BOX 1122
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: REITZ, NEAL
Address: 212 WILLENGERS PLACE NE
City-St-Zip: OWATONNA, MN 55060

Title: D (X) Change () Addition
Name: MUNSELL, WILLIAM
Address: PO BOX 1177
City-St-Zip: BOCA GRANDE, FL

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

Title: SD (X) Change () Addition
Name: WELLS, HAROLD
Address: PO BOX 1397
City-St-Zip: BOCA GRANDE, FL 33921

Title: TD (X) Change () Addition
Name: KUNKLER, WILLIAM
Address: PO BOX 515
City-St-Zip: BOCA GRANDE, FL 33921

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS C. MADSEN

Electronic Signature of Signing Officer or Director

MGR

07/04/2006

Date