


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90068 021 ****70.00

DOCUMENT # N44222

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



40062206



Principal Place of Business
**375 PARK AVE
P.O. BOX 1648
BOCA GRANDE, FL 33921 US**

Mailing Address
**P.O. BOX 1648
BOCA GRANDE, FL 33921 US**

2. Principal Place of Business - No P.O. Box #
3899 CAPE HAZE DR.

3. Mailing Address
P.O. BOX 375

Suite, Apt. #, etc.

02222007 Chg-NP CR2E037 (12/06)

City & State
ROTONDA WEST, FL

City & State
PLACIDA, FL

Zip
33947

Country
U.S.

Zip
33946

Country
U.S.

4. FEI Number
22-3124770

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MADSEN, THOMAS
3450 PEPPERWOOD LANE
ENGLEWOOD, FL 34224**

7. Name and Address of New Registered Agent

Name
JOHN BRANDENBERGER

Street Address (P.O. Box Number is Not Acceptable)
3899 CAPE HAZE DRIVE

City
ROTONDA WEST

FL

Zip Code
33947

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

4/10/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	REITZ, NEAL	
STREET ADDRESS	212 WILLENGERS PLACE NE	
CITY-ST-ZIP	OWATONNA, MN 55060	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNSELL, WILLIAM	
STREET ADDRESS	PO BOX 1177	
CITY-ST-ZIP	BOCA GRANDE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, JOHN	
STREET ADDRESS	2802 S. 975 EAST	
CITY-ST-ZIP	ZIONSVILLE, IN 46077	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELLS, HAROLD	
STREET ADDRESS	PO BOX 1397	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUNKLER, WILLIAM	
STREET ADDRESS	PO BOX 515	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEY, G. THOMAS	
STREET ADDRESS	P.O. BOX 1122	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEY, G. THOMAS	
STREET ADDRESS	P.O. BOX 1122	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07
Date Daytime Phone #

ATTACHMENT

40062206

~~FN44222~~

D
Dedrick, John R.
P.O. Box 39
Boca Grande, FL 33921

Addition

D
Humke, Ramon L.
P.O. Box 2028
Boca Grande, FL 33921

Addition

PD
Schmiege, Jane
P.O. Box 1286
Boca Grande, FL 33921

Addition