

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90174 042 ****61.25

DOCUMENT # N44222

1. Entity Name
GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION, I NC.

Principal Place of Business: **5800 GAS PARILLA RD #07
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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number **22-3124770** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MADSEN, THOMAS
576 ROTONDA CIRCLE
ROTONDA WEST FL 33947**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

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

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP	<input type="checkbox"/> Delete	TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YOUNG, ROBERT A		NAME: _____	
STREET ADDRESS: 16501 GULF SHORES DR		STREET ADDRESS: _____	
CITY-ST-ZIP: BOCA GRANDE FL 33921		CITY-ST-ZIP: _____	
TITLE: STD	<input checked="" type="checkbox"/> Delete	TITLE: STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOOMER, ROBERT E		NAME: YVONNE ANDERSON	
STREET ADDRESS: P.O. BOX 424		STREET ADDRESS: P.O. BOX 729	
CITY-ST-ZIP: BOCA GRANDE FL		CITY-ST-ZIP: BOCA GRANDE FL	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE: VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SNARE, WILLIAM D		NAME: DAVID LINDENBAUM	
STREET ADDRESS: 300 CIERMONT ST.		STREET ADDRESS: 16221 NORTH ISLAND CT	
CITY-ST-ZIP: DEVER CO		CITY-ST-ZIP: BOCA GRANDE FL 33921	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE: PO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALEY, LINDA		NAME: HAROLD WELLS	
STREET ADDRESS: P O BOX 102		STREET ADDRESS: P.O. BOX 1377	
CITY-ST-ZIP: BOCA GRANDE FL 33921		CITY-ST-ZIP: BOCA GRANDE FL 33921	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALAN, WILLIAMS		NAME: WILLIAM KUNKLER	
STREET ADDRESS: 5700 GULF SHORES DR		STREET ADDRESS: P.O. BOX 515	
CITY-ST-ZIP: BOCA GRANDE FL 33921		CITY-ST-ZIP: BOCA GRANDE, FL 33921	
TITLE: PD	<input type="checkbox"/> Delete	TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RANDALL, LYMAN		NAME: _____	
STREET ADDRESS: P.O. BOX 1541		STREET ADDRESS: _____	
CITY-ST-ZIP: BOCA GRANDE FL 33921		CITY-ST-ZIP: _____	

12. 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 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: *Sharon R. Wells* 3/6/03 941-964-2671

CR2E037 (10/02)