

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006442

FILED
Apr 04, 2006
Secretary of State

Entity Name: GULF COAST CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 IMMOKALEE RD
SUITE 309
NAPLES, FL 34110

New Principal Place of Business:

2180 IMMOKALEE RD 309
NAPLES, FL 34110

Current Mailing Address:

2180 IMMOKALEE RD
SUITE 309
NAPLES, FL 34110

New Mailing Address:

2180 IMMOKALEE RD 309
NAPLES, FL 34110

FEI Number: 59-3610133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOHN, WILLIAM
2180 IMMOKALEE RD.
#309
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

KLOHN, WILLIAM
2180 IMMOKALEE RD. 309
NAPLES, FL 34110 US

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: WILLIAM L. KLOHN

04/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCUAN, W. PATRICK
Address: 2180 IMMOKALEE RD #309
City-St-Zip: NAPLES, FL 34110

Title: DP () Delete
Name: KLOHN, WILLIAM
Address: 2180 IMMOKALEE RD #309
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LARSON, DENISE
Address: 2180 IMMOKALEE RD #309
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCUAN, W. PATRICK
Address: 2180 IMMOKALEE RD 309
City-St-Zip: NAPLES, FL 34110

Title: DP (X) Change () Addition
Name: KLOHN, WILLIAM
Address: 2180 IMMOKALEE RD 309
City-St-Zip: NAPLES, FL 34110

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: WILLIAM L. KLOHN

DP

04/04/2006

Electronic Signature of Signing Officer or Director

Date