


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000006442

1. Entity Name
GULF COAST CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2180 IMMOKALEE RD 309
 NAPLES, FL 34110**

Mailing Address
**2180 IMMOKALEE RD 309
 NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3610133

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | MCCUAN, W. PATRICK |
| STREET ADDRESS | 2180 IMMOKALEE RD 309 |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | DP |
| NAME | KLOHN, WILLIAM |
| STREET ADDRESS | 2180 IMMOKALEE RD 309 |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | D |
| NAME | LARSON, DENISE |
| STREET ADDRESS | 2180 IMMOKALEE RD #309 |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000698516
 04/19/07-80004-025 61.25

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]* **William Klohn, Pres** 2/12/07 239-594-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #