


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2008 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
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03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3610133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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

000000915545
05/09/08-80019-008 61.25

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

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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:  **3/31/08 239-544-8700**

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