

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006442

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: GULF COAST CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 IMMOKALEE RD 309  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

2180 IMMOKALEE RD 309  
NAPLES, FL 34110

**New Mailing Address:**

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 L  
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

03/23/2009

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: KLOHN, WILLIAM L  
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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date