

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006442

**FILED**  
**Mar 22, 2011**  
**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:**

2180 IMMOKALEE RD  
#305  
NAPLES, FL 34110

**Current Mailing Address:**

2180 IMMOKALEE RD 309  
NAPLES, FL 34110

**New Mailing Address:**

2180 IMMOKALEE RD  
305  
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 L  
2180 IMMOKALEE RD. 309  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

KLOHN, WILLIAM L  
2180 IMMOKALEE RD. 305  
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:

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KLOHN, WILLIAM L  
Address: 2180 IMMOKALEE RD 305  
City-St-Zip: NAPLES, FL 34110

Title: DST  
Name: FOSTER, KEITH  
Address: 2180 IMMOKALEE RD 216  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: CORSONES, DEAN  
Address: 2180 IMMOKALEE RD #212  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. KLOHN

PD

03/22/2011

Electronic Signature of Signing Officer or Director

Date