


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90073 012 ****61.25

DOCUMENT # N99000006442

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



Principal Place of Business Mailing Address
2180 IMMOKALEE RD **2180 IMMOKALEE RD**
SUITE 308 **SUITE 308**
NAPLES FL 34110 **NAPLES FL 34110**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

4. FEI Number **59-3610133**

Applied For
Not Applicable



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KLOHN, WILLIAM
2180 IMMOKALEE RD.
#308
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MCCUAN, W. PATRICK
STREET ADDRESS	2180 IMMOKALEE RD #308
CITY-ST-ZIP	NAPLES FL 34110
TITLE	D <input type="checkbox"/> Delete
NAME	KLOHN, WILLIAM
STREET ADDRESS	2180 IMMOKALEE RD #308
CITY-ST-ZIP	NAPLES FL 34110
TITLE	D <input type="checkbox"/> Delete
NAME	LARSON, DENISE
STREET ADDRESS	2180 IMMOKALEE RD #308
CITY-ST-ZIP	NAPLES FL 34110
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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]* *4/14/03*

CR2E037 (10/02)