

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90017 038 ****61.25

DOCUMENT # 754300

1. Entity Name
GULF RIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**5106 JOE WOOD DR
PO BOX 881
SANIBEL, FL 33957 US**

Mailing Address
**P.O BOX 881
SANIBEL, FL 33957 US**



2. Principal Place of Business - No P.O. Box #
14970 CAPTIVA DE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02282008 Chg-NP CR2E037 (12/06)

City & State
CAPTIVA FL

City & State

4. FEI Number
59-2256042

Applied For
Not Applicable

Zip
33924 Country
US

Zip Country

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

6. Name and Address of Current Registered Agent

**CRAYMER, FRANK L
5106 JOEWOOD DRIVE
SANIBEL, FL 33957**

7. Name and Address of New Registered Agent

Name **Royal Shell Property Mgmt**
Street Address (P.O. Box Number is Not Acceptable)
1547 Periwinkle Way
City **Sanibel** FL Zip Code **33957**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-08

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

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 **VTD** ☒ Delete
NAME **CRAYMER, FRANK**
STREET ADDRESS **5106 JOEWOOD DR**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **PD** ☒ Delete
NAME **BERKOWITZ, JAY**
STREET ADDRESS **5116 JOEWOOD DR**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **VSD** ☒ Delete
NAME **EVANS, BRENT**
STREET ADDRESS **1817 BUCKTHORN LN**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Add
NAME **Foley, Mary**
STREET ADDRESS **530 North Blvd**
CITY-ST-ZIP **LAKE COMA, NJ 07719**

TITLE **VSD** ☒ Change ☐ Add
NAME **DAVIE, Janet**
STREET ADDRESS **5049 JOEWOOD DRIVE**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **TD** ☒ Change ☐ Add
NAME **Washlow, Robert**
STREET ADDRESS **700 N Greenbay Rd**
CITY-ST-ZIP **LAKE FOREST IL 60045**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: