

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010580

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**9283210567CC**

**Entity Name:** GULF ISLAND CONDOMINIUMS OWNERS ASSOCIATION OF NAVARRE BEACH, INC.

**Current Principal Place of Business:**

8436 GULF BLVD.  
NAVARRE, FL 32566

**Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL  
185 GRAND BLVD.  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 20-0474676

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
BECKER & POLIAKOFF, P.A.  
348 MIRACLE STRIP PARKWAY SW SUITE 7  
FORT WALTON BEACH, FL 32548 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:** JAY ROBERTS

02/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name MCAVOY, CINDY  
Address 8436 GULF BLVD., #123  
City-State-Zip: NAVARRE FL 32566

Title PD  
Name FRYT, JOAN  
Address 8436 GULF BLVD., #734  
City-State-Zip: NAVARRE FL 32566

Title VPD  
Name MCAVOY, STUART  
Address 8436 GULF BLVD., #123  
City-State-Zip: NAVARRE FL 32566

Title D  
Name OAKES, KATHERINE  
Address 8436 GULF BLVD.  
City-State-Zip: NAVARRE FL 32566

Title SD  
Name PATRIDGE, SHAUN  
Address 8436 GULF BLVD.  
City-State-Zip: NAVARRE FL 32566

*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:** FRYT, JOAN

PD

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date