2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09030

Entity Name: WOODSHIRE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 24, 2023 Secretary of State 0301276697CC

Current Principal Place of Business:

GULF COAST PROPERTY MANAGEMENT 26711 DUBLIN WOODS CIRCLE 202 BONITA SPRINGS, FL 34135

Current Mailing Address:

GULF COAST PROPERTY MANAGEMENT 26711 DUBLIN WOODS CIRCLE 202 BONITA SPRINGS, FL 34135 US

FEI Number: 59-2519162 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PECK & PECK, P.A. PECK & PECK, P.A. 5200 TAMIAMI TRAIL NORTH 101 NAPLES, FL 34103 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: MEREDITH PECK RALSTON, ESQ. 04/24/2023

> Date Electronic Signature of Registered Agent

> > Name

HEDENSTROM, JACK

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title SECRETARY, TREASURER,

DIRECTOR Name SCHROER, JERRY

Address **GULF COAST PROPERTY GULF COAST PROPERTY**

Address **MANAGEMENT** MANAGEMENT 26711 DUBLIN WOODS CIRCLE 202

26711 DUBLIN WOODS CIRCLE 202

BONITA SPRINGS FL 34135 City-State-Zip: City-State-Zip: **BONITA SPRINGS FL 34135**

Title VP, DIRECTOR Title DIRECTOR CSOGI, WILLIAM Name

Name CASALE, ED Address **GULF COAST PROPERTY**

Address **GULF COAST PROPERTY** MANAGEMENT

MANAGEMENT 26711 DUBLIN WOODS CIRCLE 202 26711 DUBLIN WOODS CIRCLE 202

BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip:

Title **DIRECTOR**

Title **DIRECTOR**

Name TERVEER, THOMAS Name RIBES, JOHN **GULF COAST PROPERTY** Address

GULF COAST PROPERTY MANAGEMENT Address

MANAGEMENT 26711 DUBLIN WOODS CIRCLE 202

26711 DUBLIN WOODS CIRCLE 202 BONITA SPRINGS FL 34135 City-State-Zip:

City-State-Zip: **BONITA SPRINGS FL 34135**

Address

City-State-Zip:

Title **DIRECTOR** Name DERAEVE, MARLENE

MANAGEMENT

BONITA SPRINGS FL 34135

GULF COAST PROPERTY

26711 DUBLIN WOODS CIRCLE 202

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.

04/24/2023 SIGNATURE: JACK HEDENSTROM DIRECTOR