

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12477

FILED
Apr 21, 2014
Secretary of State
CC1226146327

Entity Name: GULF ISLAND CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

FEI Number: 59-2261252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WALTHER, PATRICK
Address 5837 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title TD
Name CARION, MICKI
Address 5837 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title D
Name COOPER, LINDA
Address 5837 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title SD
Name WALTHER, DARLA
Address 5837 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name BUBACK, LARRY
Address 5837 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

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: PATRICK WALTHER

PRESIDENT

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date