

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12477

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

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC0663742329**

**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            PRESIDENT  
Name            CARION-SHEA, MICKI  
Address        5837 TROUBLE CREEK RD  
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

Title            SECRETARY  
Name            COURTER, CINDA  
Address        5837 TROUBLE CREEK RD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            FREED, RICHARD  
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: MICKI CARION-SHEA**

**PRESIDENT**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date