

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12477

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

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC5897808084**

**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 GLEASON, CYNTHIA  
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**

**04/22/2013**

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

\_\_\_\_\_  
Date