DOCUMENT#	N12477

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

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5207 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652

Current Mailing Address:

5207 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2261252

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC 5207 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

Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY, DIRECTOR
Name	KLOPFER, JOHN	Name	HARRISON, KRIS
Address	5207 TROUBLE CREEK RD	Address	5207 TROUBLE CREEK RD
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	PETTERSEN, BOB	Name	VAN LAEKEN, BARBARA
Address	5207 TROUBLE CREEK RD	Address	5207 TROUBLE CREEK RD
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	TREASURER, DIRECTOR		
Name	DEROY, LEO		
Address	5207 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: BOB PETTERSEN

PRESIDENT

04/20/2024

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 20, 2024 Secretary of State 5644421083CC