2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44222

Entity Name: GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION,

INC.

.

Apr 11, 2018 Secretary of State CC6299618035

FILED

Current Principal Place of Business:

3754 CAPE HAZE DR ROTONDA WEST, FL 33947

Current Mailing Address:

P.O.BOX 3446

PLACIDA, FL 33946 US

FEI Number: 22-3124770 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FREEMAN, PAUL TIMOTHY 3754 CAPE HAZE DRIVE ROTONDA WEST, FL 33947 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: PAUL T. FREEMAN 04/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	SECRETARY, TREASURER	Title	D
i ilio	SECILE IAINI, INCASSINCIN	11110	

 Name
 GEIL, MARILYN
 Name
 ROGERS, WELDON

 Address
 P.O.BOX 3446
 Address
 P.O.BOX 3446

 City-State-Zip:
 PLACIDA FL 33946
 City-State-Zip:
 PLACIDA FL 33946

Title **PRESIDENT** Title D Name SNOWDON, ANN Name RIETZ, NEAL Address P.O.BOX 3446 Address P.O.BOX 3446 City-State-Zip: PLACIDA FL 33946 City-State-Zip: PLACIDA FL 33946

Title D Title DIRECTOR

Name WELLS, HAROLD Name COTHERMAN, SCOTT

Address P.O.BOX 3446 Address P.O.BOX 3446

City-State-Zip: PLACIDA FL 33946 City-State-Zip: PLACIDA FL 33946

Title VP Title DIRECTOR

Name KUBISTA, TED Name PETERSON, NANCY

Address P.O.BOX 3446 Address P.O.BOX 3446

City-State-Zip: PLACIDA FL 33946 City-State-Zip: PLACIDA FL 33946

Continues on page 2

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: NEAL RIETZ PRESIDENT 04/11/2018

Officer/Director Detail Continued:

Title D

Name LYONS, MARTIN Address P.O.BOX 3446

City-State-Zip: PLACIDA FL 33946