

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44222

FILED
Apr 09, 2015
Secretary of State
CC1563282065

Entity Name: GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3899 CAPE HAZE DR
ROTONDA WEST, FL 33947

Current Mailing Address:

P.O.BOX 375
PLACIDA, FL 33946 US

FEI Number: 22-3124770

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FREEMAN, PAUL TIMOTHY
3899 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

04/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY, TREASURER
Name	MOENNING, JOHN	Name	GEIL, MARILYN
Address	P.O. BOX 754	Address	P.O.BOX 375
City-State-Zip:	BOCA GRANDE FL 33921	City-State-Zip:	PLACIDA FL 33946
Title	D	Title	D
Name	LONG, LINDA	Name	RANDALL, MARTHA
Address	P.O.BOX 375	Address	P.O.BOX 375
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA FL 33946
Title	PRESIDENT	Title	VP
Name	RIETZ, NEAL	Name	WELLS, HAROLD
Address	P.O.BOX 375	Address	P.O.BOX 375
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA FL 33946
Title	DIRECTOR	Title	DIRECTOR
Name	GRAY, DOUG	Name	KUBISTA, TED
Address	P.O.BOX 375	Address	P.O.BOX 375
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA FL 33946

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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: MARILYN GEIL

SECRETARY/TREASURER 04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PETERSON, NANCY
Address P.O.BOX 375
City-State-Zip: PLACIDA FL 33946