

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44222

**FILED**  
**Apr 11, 2023**  
**Secretary of State**  
**7845194226CC**

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

**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:** No

**Name and Address of Current Registered Agent:**

FREEMAN, PAUL T.  
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

04/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           DALY, PATRICK  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946

Title           DIRECTOR  
Name           BORNTRAEGER, COURTNEY  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946

Title           DIRECTOR  
Name           MORACA, SERGE  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946

Title           SECRETARY  
Name           PARISH, LIZ  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946

Title           DIRECTOR  
Name           BELL, RANDY  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946

Title           PRESIDENT  
Name           DRAKE, RONALD  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946

Title           DIRECTOR  
Name           CAMPBELL, SAMUEL  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946

Title           VP  
Name           SNOWDON, ANN  
Address        P.O.BOX 3446  
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:** RONALD DRAKE

**PRESIDENT**

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WOODWORTH, HEATHER  
Address        P.O.BOX 3446  
City-State-Zip: PLACIDA FL 33946