#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44222

Entity Name: GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION,

INC.

Apr 02, 2014 Secretary of State CC6363396296

**FILED** 

## **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:

BRANDENBERGER, JOHN 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR Title D

Name JENKINS, BARBARA Name KLINGES, DAVE

Address P.O. BOX 2028 Address P.O. BOX 729

City-State-Zip: BOCA GRANDE FL 33921 City-State-Zip: BOCA GRANDE FL 33921

Title PRESIDENT Title [

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 D Title VP

NameTHOMPSON, ROSSNameRIETZ, NEALAddressP.O.BOX 375AddressP.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: JOHN MOENNING

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/02/2014

# Officer/Director Detail Continued:

Title SECRETARY/TREASURER

P.O.BOX 375

Name WELLS, HAROLD

Address

City-State-Zip: PLACIDA FL 33946