

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44222

FILED
Apr 21, 2021
Secretary of State
5885893390CC

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

04/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name PETERSON, NANCY
Address P.O.BOX 3446
City-State-Zip: PLACIDA FL 33946

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

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

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

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

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

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

Title VP
Name CURRY, PETER
Address P.O.BOX 3446
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: SCOTT COTHERMAN

PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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