## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44222

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 03/30/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR

Name DALY, PATRICK Name BORNTRAEGER, COURTNEY

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

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

VΡ Title **SECRETARY** Title Name DRAKE, STEVE Name PARISH, LIZ 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 DIRECTOR Name DRAKE, RONALD Name BENNETT, MARCUS Address P.O.BOX 3446 Address P.O.BOX 3446 City-State-Zip: PLACIDA FL 33946 City-State-Zip: PLACIDA FL 33946

Title DIRECTOR Title **DIRECTOR** Name SNOWDON, ANN Name CURRY, PETER Address P.O.BOX 3446 Address P.O.BOX 3446

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

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.

03/30/2022 SIGNATURE: RONALD DRAKE **PRESIDENT** 

**FILED** Mar 30, 2022

**Secretary of State** 

0924992959CC

Date