

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006442

Entity Name: GULF COAST CENTRE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 09, 2024
Secretary of State
1363589981CC

Current Principal Place of Business:

C/O PARAMONT PROPERTY MANAGEMENT
5629 STRAND BLVD. SUITE #412
NAPLES, FL 34110

Current Mailing Address:

C/O PARAMONT PROPERTY MANAGEMENT
5629 STRAND BLVD. SUITE #412
NAPLES, FL 34110 US

FEI Number: 59-3610133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARAMONT PROPERTY MANAGEMENT
5629 STRAND BLVD.
SUITE 412
NAPLES, FL 34110 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: JANET HOWARD

04/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CORSONES, DEAN
Address C/O PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title VP
Name WRIGHT, KAREN
Address C/O PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title TREASURER
Name KLOHN, WILLIAM
Address C/O PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title SECRETARY
Name KORUNDA, ZEDENKO
Address C/O PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

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: DEAN CORSONES

PRESIDENT

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date