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: WILLIAM KLOHN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent
Officer/Director Detail :
Title DD

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.

Title	S	Title	DP
Name	KLOHN, WILLIAM L	Name	CORSONES, DEAN
Address	3838 N. TAMIAMI TRAIL #414	Address	2180 IMMOKALEE RD #212
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34110
Title	DT		
Name	WRIGHT, KAREN		
Address	2180 IMMOKALEE RD. #100		
City-State-Zip:	NAPLES FL 34110		

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DOCUMENT# N9900006442

Entity Name: GULF COAST CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3838 N TAMIAMI TR #414 NAPLES, FL 34103

Current Mailing Address:

3838 N TAMIAMI TR #414 NAPLES, FL 34103

FEI Number: 59-3610133

Name and Address of Current Registered Agent:

KLOHN, WILLIAM 3838 N TAMIAMI TR #414 NAPLES, FL 34103 US

SIGNATURE:

Certificate of Status Desired: No jent:

Secretary of State CC1105906602

FILED Mar 01, 2013

Date

Date

03/01/2013

D