

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006442

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC6258164391**

**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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLOHN, WILLIAM  
3838 N TAMIAMI TR #414  
NAPLES, FL 34103 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 S  
Name KLOHN, WILLIAM L  
Address 3838 N. TAMIAMI TRAIL #414  
City-State-Zip: NAPLES FL 34103

Title DP  
Name CORSONES, DEAN  
Address 2180 IMMOKALEE RD #212  
City-State-Zip: NAPLES FL 34110

Title DT  
Name WRIGHT, KAREN  
Address 2180 IMMOKALEE RD. #100  
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:** WILLIAM KLOHN

**SECRETARY**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date