

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90367 022 \*\*\*\*61.25

**DOCUMENT # 703433**

1. Entity Name

**MANSION HOUSE INC**



Principal Place of Business

**1601 GULF SHORE BLVD N.  
NAPLES FL 34102**

Mailing Address

**2335 TAMiami TRAIL NORTH  
STE 505  
NAPLES FL 34103  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number  
**59-1037458**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GULF VIEW PROPERTY MANAGEMENT INC  
2335 TAMiami TRAIL  
STE 505  
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GRIFFIN, JOHN ☒ Delete  
STREET ADDRESS 1601 GULF SHORE BLVD N #16  
CITY-ST-ZIP NAPLES FL

TITLE Dutton, Graham ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1601 Gulf Shore Blvd. N. #28  
CITY-ST-ZIP Naples, Fl. 34102

TITLE VPD  
NAME GALLANT, MARGARET ☐ Delete  
STREET ADDRESS 1601 GULF SHORE BLVD,  
CITY-ST-ZIP NAPLES FL

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME STRICKLAND, ROBERT W  
STREET ADDRESS 1601 GULF SHORE BLVD N, #31  
CITY-ST-ZIP NAPLES FL

TITLE VPD Jones, David ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1601 Gulf Shore Blvd. N. #10  
CITY-ST-ZIP Naples, Fl. 34102

TITLE SD ☐ Delete  
NAME PARKER, POLLY  
STREET ADDRESS 1601 GULFSHORE BLVD. N. #17  
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ENGELGAU, IRWIN  
STREET ADDRESS 2714 AMBERLY RD  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48301

TITLE TD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mansuet Calles*

4/12/06

23A-403-7991