

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707944

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: GULF TOWERS OF NAPLES, INC.

## Current Principal Place of Business:

2335 TAMIAMI TR. NORTH  
STE. 505  
NAPLES, FL 34103

## New Principal Place of Business:

1977 GULF SHORE BLVD NORTH  
NAPLES, FL 34102

## Current Mailing Address:

2335 TAMIAMI TR. NORTH  
STE. 505  
NAPLES, FL 34103

## New Mailing Address:

FEI Number: 59-1113989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT INC  
2335 TAMIAMI TR. NORTH  
STE 505  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BROUILLARD, RICHARD  
Address: 1977 GULF SHORE BLVD., N #204  
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete  
Name: RYAN, CONNER  
Address: 1977 GULF SHORE BLVD N., #505  
City-St-Zip: NAPLES, FL 34102

Title: PD ( ) Delete  
Name: BROPHY, JACK  
Address: 1977 GULF SHORE BLVD N. #503  
City-St-Zip: NAPLES, FL 34102

Title: VPD ( ) Delete  
Name: SIMMS, MARYANN  
Address: 1977 GULFSHORE BLVD. N. #404  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: WELCH, DAVID  
Address: 5917 N ISABELL  
City-St-Zip: PEORIA, IL 61614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACK BROPHY

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date