


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90369 028 \*\*\*\*61.25

<b>DOCUMENT # 713908</b>		
1. Entity Name GULF POINT ASSOCIATION, INC.		

Principal Place of Business KEYS CALDWELL, INC. 1162 INDIAN HILL BLVD. BRADENTON, FL 34203 US	Mailing Address 1162 INDIAN HILLS BLVD. VENICE, FL 34293 US
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2. Principal Place of Business Suite, Apt. #, etc. KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD. VENICE, FL 34293		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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04122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1234882	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALDWELL, ANNETTE K 1162 INDIAN HILLS BLVD. VENICE, FL 34293		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1162 INDIAN HILLS BLVD. VENICE, FL 34293 City FL Zip Code	
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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 James A. Hunt (NOTE: Registered Agent signature required when reinstating) DATE 4/12/06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, GLORIA 200 THE ESPLANADE N C-14 VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Schwarze 200 The Esplanade #A1 Venice FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EAGLESTON, JAMES 200 THR ESPLANADE N # C3 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Eagleston 200 The Esplanade # C3 Venice FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARZE, JOHN 200 THE ESPLANADEN N. #A1 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James Becker 200 The Esplanade #C9 Venice FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUNKIN, JOAN 200 THE ESPLANADE N B14 VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNERMER, RICHARD A 200 THE ESPLANADE N, C18 VENICE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, SHELBY 300 THE ESPLANADEN N. #A8 VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE: John A. Schwarze / JOHN SCHWARZE DATE 4/17/06 Daytime Phone # 486-8050