

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715807

FILED
Mar 31, 2009
Secretary of State

Entity Name: GULF HARBORS CONDOMINIUM, INC.

Current Principal Place of Business:

4909 MARINE PARKWAY
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4909 MARINE PARKWAY
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1613934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIEMAN, CAROLYN PRES.
4909 MARINE PARKWAY
NEW PORT RICHEY, FL 34652 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: VP () Delete
Name: JORALOMEN, DEWITT VP
Address: 4518 GARNET DRIVE, 103
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: BARFIELD, CHARLES SEC
Address: 4452 GARNET DRIVE, 104
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T () Delete
Name: DALE, BONNIE TREA
Address: 4609 MARINE PARKWAY, 102
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: WALTERS, JACK DIR
Address: 5142 TOPAZ LANE, 104
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: KAISER, WILLIAM
Address: 4678 MARINE PARKWAY, 303
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: JOHNS, HAROLD
Address: 4849 ONYX LANE, 206
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SHADE, DEBORAH SEC
Address: 4812 JASPER DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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

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

Title: D (X) Change () Addition
Name: VAN ESS, LEON G DIR
Address: 4660 MARINE PARKWAY, 305
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CAROLYN WIEMAN

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date