2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722247

FILED Apr 20, 2009 Secretary of State

Entity Name: GULF SHORES CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** KEYS-CALDWELL, INC 1162 INDIAN HILLŚ BLVD VENICE, FL 34293 **Current Mailing Address: New Mailing Address:** 1162 INDIAN HILLS BLVD VENICE, FL 34293 FEI Number: 59-1456435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEYS-CALDWELL, INC 1162 INDIAN HILLS BLVD. VENICE, FL 34293 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TREECE, LARRY DESMOND, BARBARA Name: Name: 255 THE ESPLANADE #1004 Address: 255 THE ESPLANADE #407 Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285 Title: TD Title: () Delete () Change () Addition LAMB, FRED Name: Name: Address: 255 THE ESPLANADE N. #303 Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: Title: () Delete Title: (X) Change () Addition FRENCH, BARBARA SHAVER, DONALD Name: Name: 255 THE ESPLANADE N, #504 255 THE ESPLANADE N, #707 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285 Title: SD () Delete Title: VPD (X) Change () Addition Name: GOMOLL, MICHAEL Name: GOMOLL, MICHAEL 255 THE ESPLANADE N., #806 255 THE ESPLANADE N., #806 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285 Title: () Delete Title: () Change (X) Addition OLIPHANT, BETSY Name: Name: 255 THE ESPLANADE N., #606 Address: Address: VENICE, FL 34285 City-St-Zip: 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: BARBARA DESMOND PD 04/20/2009