

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-21-2005 90240 010 ****61.25

DOCUMENT # 722499 1. Entity Name GULF PINES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business GULF PINES DRIVE SANIBEL, FL 33912 US				Mailing Address P O BOX 100 SANIBEL, FL 33957 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66020864 	
City & State		City & State		4. FEI Number 59-1803734	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMBECK NICK 703 TARPON BAY #B SANIBEL, FL 33957				7. Name and Address of New Registered Agent Name Steve Mackesy Street Address (P.O. Box Number is Not Acceptable) 711 Tarpon Bay Road Suite D City Sanibel FL Zip Code 33957	
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 Steve Mackesy DATE 4-7-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY- ST- ZIP	D SHEA, JACK 4214 OLD BANYAN WAY SANIBEL, FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECRETARY TOM COOLEY 4241 OLD BANYAN WAY SANIBEL FL 33957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HUMMEL, KAYI 963 CABBAGE PALM SANIBEL, FL 33957	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREASURER JIM BIRD 4452 GULF PINES DR. SANIBEL FL 33957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ALLEN, DICK 28 PINE LANE CUMBERLAND FORESIDE, ME 04110	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICE PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HEIMPHRIES, BARRY 4445 GULF PIACO DRIVE SANIBEL, FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SETTE, RICHARD 1027 BIRDWATER WAY SANIBEL, FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOELZ, LINDA 4207 GULF PINES DRIVE SANIBEL, FL 33957	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda Koelz 25 agent DATE 4/12/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					