

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725574** (8)
1. Corporation Name
GULF SHORES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **1053 BLUE HERON DR. SANIBEL FL 33957**
Mailing Address: **1053 BLUE HERON DR. SANIBEL FL 33957**

3. Date Incorporated or Qualified: **02/16/1973**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1443061	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONGRAM, SAMUEL R
997 FISHCROW RD
SANIBEL FL 33957**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Samuel R. Congram* **Samuel R. Congram** **March 24 1996**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, JIM	1.2 NAME	Bill Keefer
STREET ADDRESS	1043 BLUE HERON DR	1.3 STREET ADDRESS	1075 Blue Heron Dr.
CITY-ST-ZIP	SANIBEL, FL 00000	1.4 CITY-ST-ZIP	Sanibel, Fl. 33957
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEFER, BILL	2.2 NAME	William Cruickshank
STREET ADDRESS	1075 BLUE HERON DR	2.3 STREET ADDRESS	1063 Blue Heron Dr.
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	Sanibel, Fl. 33957
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGRAM, SAMUEL	3.2 NAME	
STREET ADDRESS	997 FISHCROW RD	3.3 STREET ADDRESS	200001767832
CITY-ST-ZIP	SANIBEL, FL 00000	3.4 CITY-ST-ZIP	-04/03/96--01035--021
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAENEN, NELL	4.2 NAME	
STREET ADDRESS	1049 BLUE HERON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAGHUE, WINNIE	5.2 NAME	
STREET ADDRESS	1016 FISHCROW RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARDIS, FRANK	6.2 NAME	
STREET ADDRESS	1066 BLUE HERON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel R. Congram* **SAMUEL R. CONGRAM** **3/24/96** **941-472-4691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)