

FILE NOW: FILING FEE IS \$61.25

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May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725574 (8)**  
1. Corporation Name  
**GULF SHORES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>1053 BLUE HERON DR. SANIBEL FL 33957</b>	Mailing Address <b>1053 BLUE HERON DR. SANIBEL FL 33957-2701</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified <b>02/16/1973</b>	3a. Date of Last Report <b>04/03/1996</b>
4. FEI Number <b>59-1443061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CONGRAM, SAMUEL R  
997 FISHCROW RD  
SANIBEL FL 33957**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

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** DATE: **3-14-97**

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KEEFER, BILL</b>
STREET ADDRESS	<b>1075 BLUE HERON DR</b>
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KEEFER, BILL</b>
STREET ADDRESS	<b>1075 BLUE HERON DR</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CONGRAM, SAMUEL</b>
STREET ADDRESS	<b>997 FISHCROW RD</b>
CITY-ST-ZIP	<b>SANIBEL, FL 00000</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHAENEN, NELL</b>
STREET ADDRESS	<b>1049 BLUE HERON DR</b>
CITY-ST-ZIP	<b>SANIBEL, FL 00000</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DONAGHUE, WINNIE</b>
STREET ADDRESS	<b>1016 FISHCROW RD</b>
CITY-ST-ZIP	<b>SANIBEL, FL 00000</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARDIS, FRANK</b>
STREET ADDRESS	<b>1086 BLUE HERON DR</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Cruickshank, Bill</b>
1.3 STREET ADDRESS	<b>1063 Blue Heron Drive</b>
1.4 CITY-ST-ZIP	<b>Sanibel, Fl. 33957</b>
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Dowling, Thomas</b>
2.3 STREET ADDRESS	<b>1020 White Ibis Drive</b>
2.4 CITY-ST-ZIP	<b>Sanibel, Fl. 33957</b>
3.1 TITLE	<b>Tr.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Congram, Samuel</b>
3.3 STREET ADDRESS	<b>997 Fishcrow Rd.</b>
3.4 CITY-ST-ZIP	<b>Sanibel, Fl. 33957</b>
4.1 TITLE	<b>Klein, Myron D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Klein, Myron D</b>
4.3 STREET ADDRESS	<b>1053 Blue Heron Drive</b>
4.4 CITY-ST-ZIP	<b>Sanibel, Fl. 33957</b>
5.1 TITLE	<b>Leopold, Carl D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Leopold, Carl D</b>
5.3 STREET ADDRESS	<b>1010 Fishcrow Road</b>
5.4 CITY-ST-ZIP	<b>Sanibel, Fl. 33957</b>
6.1 TITLE	<b>Tuttle, Louise D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Tuttle, Louise D</b>
6.3 STREET ADDRESS	<b>1100 White Ibis Drive</b>
6.4 CITY-ST-ZIP	<b>Sanibel, Fl. 33957</b>

14. I do 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 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** DATE: **3-14-97** DAYTIME PHONE: **941-472-4691**

CR2E037 (9/96)