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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90105 050 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 725574**

1. Corporation Name

**GULF SHORES PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

997 FISHCROW RD  
 SANIBEL FL 33957  
 US

997 FISHCROW RD  
 SANIBEL FL 33957  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/16/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1443061	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUICSHANK, BILL	1.2 NAME	Tom Dowling
STREET ADDRESS	1063 BLUE HERON DR.	1.3 STREET ADDRESS	1020 White Ibis Drive
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, THOMAS	2.2 NAME	Carl Leopold
STREET ADDRESS	1020 WHITE IBIS DRIVE	2.3 STREET ADDRESS	1010 Fishcrow Rd.
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CONGRAM, SAMUEL	3.2 NAME	
STREET ADDRESS	997 FISHCROW RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	B <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, MYRON	4.2 NAME	Bill Fisher
STREET ADDRESS	1053 BLUE HERON DR.	4.3 STREET ADDRESS	1011 Fishcrow Rd.
CITY-ST-ZIP	SANIBEL, FL 00000	4.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEOPOLD, CARL D	5.2 NAME	Ted Smith
STREET ADDRESS	1010 FISHCROW RD.	5.3 STREET ADDRESS	4472 Waters Edge Lane
CITY-ST-ZIP	SANIBEL, FL 00000	5.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	TUTTLE, LOUISE	6.2 NAME	
STREET ADDRESS	1100 WHITE IBIS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-26-99

DAYTIME PHONE # 941-472-4681

CR2E037 (1/98)