

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732695

FILED
Jan 07, 2006
Secretary of State

Entity Name: GULFPLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6700 GULF DRIVE
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

6700 GULF DRIVE
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 59-1669830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTAKER, JEFF
2425 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: DESMARAIS, ROGER
Address: 390 DE CHATEAUQUAY
City-St-Zip: LONGUEUIL QUEBEC J4H 2K9, CN

Title: ST () Delete
Name: MCARTHUR, DOROTHY
Address: 8805 ANNE TUCKER LANE
City-St-Zip: ALEXANDRIA, VA 22309

Title: D () Delete
Name: YATROS, JOHN
Address: 14 NORTH SECOND STREET
City-St-Zip: BATESVILLE, IN 47006

Title: D () Delete
Name: GIVENS, ALVIN
Address: 12414 PEBBLEPOINT PATH
City-St-Zip: CARMEL, IN 46033

Title: D () Delete
Name: WENTLAND, ARNOLD
Address: 5700 LINDA LANE
City-St-Zip: ROCKFORD, MN 55373

Title: D () Delete
Name: MCARTHUR, STUART
Address: 8805 ANNE TUCKER LN
City-St-Zip: ALEXANDRIA, VA 22307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: RICHARDS, JON MICHAEL
Address: 655 SPRING VALLEY ROAD
City-St-Zip: ANN ARBOR, MI 48105

Title: D (X) Change () Addition
Name: WADSWORTH, SUSAN
Address: 624 SOUTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: WENTLAND, ARNOLD
Address: 5700 LINDA LANE
City-St-Zip: GREENFIELD, MN 55373

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LYN POOLE

MGR

01/07/2006

Electronic Signature of Signing Officer or Director

Date