

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734928

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** GULF BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

711 TARPON BAY RD.  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 US

**Current Mailing Address:**

ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957

**New Mailing Address:**

C/O ISLAND MANAGEMENT  
PO BOX 100  
SANIBEL, FL 33957 US

**FEI Number:** 59-1725721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKESY, STEVEN  
711 TARPON BAY RD.  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

MACKESY, STEVEN  
C/O ISLAND MANAGEMENT  
711 TARPON BAY ROAD  
SANIBEL, FL 33957 US

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: STEVEN MACKESY

03/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RELYEA, SARAH  
Address: 3810 PATRICIA DRIVE  
City-St-Zip: COLUMBUS, OH 43220

Title: VD  
Name: BARTOK, PETER  
Address: 321 WEST BURNAM ROAD  
City-St-Zip: COLUMBIA, MO 65203

Title: STD  
Name: GROSS, RICHARD  
Address: 720 GLADSTONE AVENUE  
City-St-Zip: BALTIMORE, MD 21210

Title: D  
Name: MANCUSO, TERESA  
Address: PO BOX 15928  
City-St-Zip: NASHVILLE, TN 37204

Title: D  
Name: LEWIS, KIRK DR  
Address: 9730 SPRING STREET  
City-St-Zip: OMAHA, NE 68124

Title: D  
Name: WILSON, ORIN  
Address: 2636 WOODCREST  
City-St-Zip: LINCOLN, NE 68124

I hereby 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 all other like empowered.

SIGNATURE: SARAH RELYEA

PD

03/30/2011

Electronic Signature of Signing Officer or Director

Date