

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 23, 2007 8:00 am
Secretary of State**

04-23-2007 90257 003 ****61.25

40077174

DOCUMENT # 740000

1. Entity Name
GULF BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business
**930 BEN FRANKLIN DRIVE
SARASOTA, FL 34236**

Mailing Address
**930 BEN FRANKLIN DR
SARASOTA, FL 34236 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04162007 Chg-NP CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number
59-1886426

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, ROBERT T
930 BEN FRANKLIN DR
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME SALATIND, WILLIAM
STREET ADDRESS 738 FOREST AVE
CITY-ST-ZIP LARCHMONT, NY 10538

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME MOORE, GLORIA
STREET ADDRESS 43 NORTH ROAD
CITY-ST-ZIP BEDFORD, MA 01730

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME FARLEY, DONALD
STREET ADDRESS 805 WILLSON ST
CITY-ST-ZIP BALTIMORE, MD 21230

Delete

**T
Ellis Woolf
4048 Penhurst Park
Sarasota, FL 34235**

Change Addition

TITLE P
NAME WILSON, ROBERT T
STREET ADDRESS 930 BEN FRANKLIN DRIVE
CITY-ST-ZIP SARASOTA, FL 34236

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME GREEN, PAUL
STREET ADDRESS 6924 NEW ALBANY RD E
CITY-ST-ZIP NEW ALBANY, OH 43054

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE: *R.T. Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.T. Wilson 4/19/07 941-388-2127

Date

Daytime Phone #