

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 742988

1. Entity Name
GULF HEIGHTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**4120 BELAIR LANE
#101
NAPLES, FL 34103 US**

Mailing Address

**4120 BELAIR LANE
#101
NAPLES, FL 34103 US**



04302006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0037523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIESEL, DIANE
4120 BELAIR LANE
#101
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	KIESEL, DIANE
STREET ADDRESS	5911 BRITTANY VALLEY RD
CITY-ST-ZIP	LOUISVILLE, KY 40222
TITLE	TD
NAME	KOLTER, BEVERLY
STREET ADDRESS	8522 CHELTENHAM CIRCLE
CITY-ST-ZIP	LOUISVILLE, KY 40222
TITLE	D
NAME	HUGHES, CLIFFORD
STREET ADDRESS	BRYANT WOODS/24 RIDGEWOOD DR.
CITY-ST-ZIP	ATKINSON, NH 03811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80024-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: Beverly M. Kolter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

502 426 4251

Daytime Phone #