

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

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

04-23-2007 90079 029 \*\*\*\*61.25

**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

40070000



**DO NOT WRITE IN THIS SPACE**

04012007 No Chg-NP

CR2E037 (4/06)

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 re-registering)

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
KIESEL, DIANE  
5911 BRITTANY VALLEY RD  
LOUISVILLE, KY 40222

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KOLTER, BEVERLY  
8522 CHELTENHAM CIRCLE  
LOUISVILLE, KY 40222

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUGHES, CLIFFORD  
BRYANT WOODS/24 RIDGEWOOD DR.  
ATKINSON, NH 03811  
*10 Haley Ct.  
Londonderry NH  
03053*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

*4/23/07*  
Date

*Treasurer*  
Daytime Phone #