2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#742988

FILED May 04, 2009 Secretary of State

Entity Name: GULF HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of	f Business:
4120 BEL/ #101	AIR LANE		
	FL 34103 US		
Current M	lailing Address:	New Mailing Address:	
4120 BEL/ #101	AIR LANE		
NAPLES,	FL 34103 US		
	r: 65-0037523 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation di		Certificate of Status Desired ()
Name and	d Address of Current Registered Agent	: Name and Address of	New Registered Agent:
KIESEL, C 4120 BEL			
#101 Nadi es	FI 3/103 LIS		
NAPLES,	FL 34103 US		
NAPLES, The above	FL 34103 US e named entity submits this statement for t e of Florida.	he purpose of changing its registered o	office or registered agent, or both,
NAPLES, The above in the State	e named entity submits this statement for t e of Florida.	he purpose of changing its registered o	office or registered agent, or both,
NAPLES, The above	e named entity submits this statement for t e of Florida.		office or registered agent, or both, Date
NAPLES, The above in the State SIGNATU	e named entity submits this statement for t e of Florida. RE:	Agent	
NAPLES, The above in the State SIGNATU	e named entity submits this statement for t e of Florida. RE: Electronic Signature of Registered	Agent ADDITIONS/CHANGES	Date
NAPLES, The above in the State SIGNATUE OFFICER Title: Name: Address:	e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PSD () Delete KIESEL, DIANE 5911 BRITTANY VALLEY RD	Agent ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify 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: BEVERLY M. KOLTER TD 05/04/2009