2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#743008

FILED Apr 03, 2009 Secretary of State

Entity Name: GULF BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 527 EAST GULF DR SANIBEL, FL 33957 **Current Mailing Address: New Mailing Address:** PO BOX 100 SANIBEL, FL 33957 FEI Number: 59-1830209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACKESY, STEVE 711 TARPÓN BAY RD SANIBEL, FL 33957 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLIAM, WALKER III Name: Name: 1153 ROUTE 44-45 Address: Address: City-St-Zip: CLINTONDALE, NY 12515 City-St-Zip: Title: PD () Delete Title: () Change () Addition FULLER, MICHAEL Name: Name: Address: 527 EAST GULF DRIVE 201 Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: VD () Delete Title: () Change () Addition CAMERON, HUGH Name: Name: 527 EAST GULF DRIVE 203 Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: TD () Delete Title: (X) Change () Addition BUNCH, DAVID Name: FULLER, SUZANNE Name: 527 EAST GULF DRIVE 201 Address: Address: 1349 EAGLE RUN City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957 Title: Title: VD () Delete () Change () Addition RUDOLPH, MARK Name: Name: 527 EAST GULF DRIVE 104 Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip:

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: MICHAEL FULLER PD 04/03/2009