

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL
AND
FILED

08 FEB -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/11/08



12062007 Chg-NP CR2E037 (12/06)

DOCUMENT # 745362 1. Entity Name THE BLUE GULF CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2949 W GULF SANIBEL, FL 33957 US			Mailing Address 3949 EVANS AVENUE STE 205 FORT MYERS, FL 33901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VASANTA SENERAT PA 3949 EVANS AVENUE STE 205 FORT MYERS, FL 33901			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTENBRING, JOY		NAME	Shelia Saville	
STREET ADDRESS	2949 W GULF #201		STREET ADDRESS	2949 W Gulf Drive	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, BILL		NAME	Zimmerman, Bill	
STREET ADDRESS	20 W MARKET ST		STREET ADDRESS	20 W Market Street	
CITY-ST-ZIP	YORK, PA		CITY-ST-ZIP	YORK, PA	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADDISON, TOM		NAME	Addison, Judy	
STREET ADDRESS	708 WATEREDGE		STREET ADDRESS	2949 W Gulf Drive	
CITY-ST-ZIP	RACINE, WI		CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTENBRING, ROBERT		NAME	Antenbring, Robert	
STREET ADDRESS	2949 W. GULF #201		STREET ADDRESS	2949 W Gulf Drive #201	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, PATTY		NAME	263 Robinwood Lisa Cochran	
STREET ADDRESS	20 W MARKET ST		STREET ADDRESS	Sanibel, FL 33957	
CITY-ST-ZIP	YORK, PA		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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