

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745362

FILED
Feb 09, 2009
Secretary of State

Entity Name: THE BLUE GULF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2949 W GULF
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE
STE 205
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-1875087 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VASANTA SENERAT PA
3949 EVANS AVENUE
STE 205
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Title: ST () Delete
Name: ANTENBRING, JOY
Address: 2949 W GULF #201
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: ZIMMERMAN, BILL
Address: 20 W MARKET ST
City-St-Zip: YORK, PA

Title: D () Delete
Name: ADDISON, TOM
Address: 708 WATEREDGE
City-St-Zip: RACINE, WI

Title: P () Delete
Name: ANTENBRING, ROBERT
Address: 2949 W. GULF #201
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: ZIMMERMAN, PATTY
Address: 20 W MARKET ST
City-St-Zip: YORK, PA

Title: S () Delete
Name: ADDISON, JUDY
Address: 2949 W GULF DRIVE
City-St-Zip: SANIBEL, FL 33957 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SHELIA, SAVILLE
Address: 2949 WEST GULF DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
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: VASANTA SENERAT, CPA

RA

02/09/2009

Electronic Signature of Signing Officer or Director

Date