2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 745949

Entity Name: G.S. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5616 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

13515 STONE ROAD
MINNETONKA, MN 55305 US

New Mailing Address:

FEI Number: 59-2033976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAHLBERG, THOMAS
5616 GULF DRIVE
UNIT 105
HOLMES BEACH, FL 34217 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:	D	( ) Delete
Name:	SENORY, PAUL	
Address:	5616 GULF DRIVE, UNIT	
City-St-Zip:	HOLMES BEACH, FL 34217	
Title:	SD	( ) Delete
Name:	MATECUN, MARILYN	
Address:	5616 GULF DRIVE, UNIT	
City-St-Zip:	HOLMES BEACH, FL 34217	
Title:	D	( ) Delete
Name:	DRATTELL, MATTHEW	
Address:	5616 GULF DRIVE UNIT	
City-St-Zip:	HOLMES BEACH, FL 34217	
Title:	D	(X) Delete
Name:	YEAGER, FLOYD	
Address:	5616 GULF DRIVE UNIT	
City-St-Zip:	HOLMES BEACH, FL 34217	
Title:	TD	( ) Delete
Name:	WAHLBERG, TOM	
Address:	5616 GULF DR., UNIT 105	
City-St-Zip:	HOLMES BEACH, FL 34217	
Title:	PD	( ) Delete
Name:	EDWARDS, ROBERT	
Address:	5616 GULF DR. UNIT 104	
City-St-Zip:	HOLMES BEACH, FL 34217	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TOM WAHLBERG TD 01/08/2008
Electronic Signature of Signing Officer or Director — Date