



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90155 046 \*\*\*\*61.25

<b>DOCUMENT # 749946</b> 1. Entity Name <b>GULF MANOR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>AMERICAN CONDO MANAGEMENT, INC.          909 SE 47TH TERRACE, SUITE 105          CAPE CORAL, FL 33904 US</b>			Mailing Address <b>AMERICAN CONDO MANAGEMENT, INC.          POST OFFICE BOX 100399          CAPE CORAL, FL 33910</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>615 CAPE CORAL Pkwy W #103</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State 		City & State 		02152006 Chg-NP CR2E037 (11/05)	
Zip <b>33914</b>		Country 		4. FEI Number <b>59-2238066</b>	
Applied For 		Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KASE, SUSAN          909 SE 47TH TERRACE          SUITE 105          CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>615 CAPE CORAL Pkwy W #103</b> City <b>FL 33914</b>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICELI, JACK 1006 SE 46TH STREET, #2-D CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNZY Salanitri 29 AUBURN ST W. BABYLON, NY 11704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEARSON, WILLIAM 1006 SE 46TH STREET #2-A CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AMY Salanitri 1234 6th ST W. Babylon, NY 11704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUKALL, DONALD 250 HIGHVIEW DRIVE CEDARBURG, FL 530122626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONALD PUKALL 250 HIGHVIEW DR CEDARBURG, FL 53012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X Amy Salanitri Dec/Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/26/06</i> Daytime Phone #: <i>239-542-4404</i>		