2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 749946 1. Entity Name GULF MANOR CONDOMINIUM ASSOCIATION, INC.											55 046 **		
Principal Place of Business AMERICAN CONDO MANAGEMENT, INC. 909 SE 47TH TERRACE, SUITE 105 CAPE CORAL, FL 33904 US				Mailing Address AMERICAN CONDO MANAGEMENT, INC. POST OFFICE BOX 100399 CAPE CORAL, FL 33910			1 18 8 ((1) (8 8))	17818 18818 18111 1	'EIG GIII BIBII S	FITIK SIBII GIDII D			
2. Principal Place of Business			3. Mail	3. Mailing Address									
615 CAPE COLAI Pluy W#10			Sui タ	Suite, Apt. #, etc.				02152006	Chg-NP	CF	R2E037 (11/	05)	
City & State		City	City & State					8066				Applicable	
33914	S914 Country			Zip		Country		5. Certificate			- Fee Re		
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of 8	lew Regist	ered Agent		
KASE, SU 909 SE 47		ACE				Name Street A	ddress (F	P.O. Box Numbe	er is Not Acce	ptable)			•
SUITE 105 CAPE COI		33904				615 CAPE COEAL PKWY W # 103					3		
					-	City	<u></u>	<i>y</i> c cc -	• • • •	7 -	FL 3	Code	14
		y submits this statement fo	or the purpo	ose of changing its	registere	ed office or	r register	ed agent, or bo	h, in the State	of Florida.	I am familiar	with, a	and accept
the obligat	ions or regist	tered agent.											
the obligat		•••	and title if appl	dicable (NOTE	· Registered	t Agent signat	ure required	when reinstating)			DATE	•	
_	Signature, typed	or printed name of registered agent	and title if appl	9. Election Can			ure required	when reinstating)	e		DATE check paya	ble to	
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SIGNATURE	Signature, typed Filling Fe Due by N	or printed name of registered agent		9. Election Can Trust Fund C	paign Fi	inancing on.		\$5.00 May B		Make (check paya Department	of Sta	10
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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:

Iny Dalanty Dec Lleas

4126106

239-542 4404

Daytime Phone #