


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90028 040 ****61.25

DOCUMENT # 749946 1. Entity Name GULF MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 615 CAPE CORAL PKWY W 103 CAPE CORAL, FL 33914 US			Mailing Address AMERICAN CONDO MANAGEMENT, INC. POST OFFICE BOX 100399 CAPE CORAL, FL 33910		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2238066	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KASE, SUSAN 615 CAPE CORAL PKWY W 103 CAPE CORAL, FL 33914				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALANITRI, FUNZY		NAME	PEARSON, WILLIAM	
STREET ADDRESS	29 AUBURN ST		STREET ADDRESS	1006 SE 46th ST, #2B	
CITY-ST-ZIP	WEST BABYLON, NY 11704		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALANITRI, AMY		NAME		
STREET ADDRESS	1234 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	WEST BABYLON, NY 11704		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUKALL, DONALD		NAME	Pukall, DONALD	
STREET ADDRESS	250 HIGHVIEW DR		STREET ADDRESS	1006 SE 46th ST, #2D	
CITY-ST-ZIP	CEDARBURG, WI 53012		CITY-ST-ZIP	CAPE CORAL, FL 33904	
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		
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: <u>Amy Salanitri</u> AMY Salanitri 4/18/07 239-542-4404					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					