


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90418 041 ****61.25

DOCUMENT # 752463
 1. Entity Name
GULF CABINS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3801 17TH AVE. W. **3801 17TH AVE. W.**
BRADENTON FL 34205 **BRADENTON FL 34205**
US **US**



2. Principal Place of Business 3. Mailing Address
2716 Gulf Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Holmes Beach
 Zip Country Zip Country
34217 Manatee

4. FEI Number **59-2033984** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
ISLAND VACATION PROPERTIES
3001 GULF DR
HOLMES BEACH FL 34217
Janice Anderson
3801 17th Ave W
Bradenton, FL 34205

7. Name and Address of New Registered Agent
 Name: **Janice Anderson**
 Street Address (P.O. Box Number is Not Acceptable)
3801 17th Ave West
 City State Zip Code
Bradenton FL 34205

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 **Janice Anderson, Secy** **Janice Anderson** **3 Feb 06**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MOORE, FRANK 867 LAUREL CREST COURT MARIETTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete LIND, JULIANNE PO BOX 4070 FT SMITH AK 72914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SCATIGNO, VERA WILMER RD SOMERS NY 11778-7833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ANDERSON, JANICE 3801 17TH AVE W BRADENTON FL 34205-1410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COLESBY, LEE 145 ELM COURT LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition Tom Forrest 5034 47th Street West Bradenton, FL 34209
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 Section 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: **Janice Anderson, Secy** **3 Feb 06** **941-747-9341**