

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**



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

Principal Place of Business <b>3801 17TH AVE. W. BRADENTON FL 34205 US</b>	Mailing Address <b>3801 17TH AVE WEST BRADENTON FL 34205 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FE# Number <b>59-2033984</b>	Applied For <input type="checkbox"/> 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**

**JANICE ANDERSON  
3801 17TH AVE WEST  
BRADENTON FL 34205**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOT: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	TD MOORE, FRANK <input type="checkbox"/> Delete 867 LAUREL CREST COURT MARIETTA GA
TITLE	VD LIND, JULIANNE <input type="checkbox"/> Delete PO BOX 4070 FT SMITH AK 72914
TITLE	PD SCATIGNO, VERA <input type="checkbox"/> Delete WILMER RD SOMERS NY 11778-7833
TITLE	S ANDERSON, JANICE <input type="checkbox"/> Delete 3801 17TH AVE W BRADENTON FL 34205-1410
TITLE	D FORREST, TOM <input type="checkbox"/> Delete 5034 47TH ST WEST BRADENTON FL 34210
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000680273  
04/03/07-80072-003 61.25

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 3/27/07