


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90239 022 ****61.25

DOCUMENT # 752463					
1. Entity Name GULF CABINS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3801 17TH AVE. W. BRADENTON, FL 34205 US			Mailing Address 3801 17TH AVE WEST BRADENTON, FL 34205 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JANICE ANDERSON 3801 17TH AVE WEST BRADENTON, FL 34205				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, FRANK			NAME	
STREET ADDRESS	867 LAUREL CREST COURT			STREET ADDRESS	
CITY-ST-ZIP	MARIETTA, GA			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIND, JULIANNE			NAME	
STREET ADDRESS	PO BOX 4070			STREET ADDRESS	
CITY-ST-ZIP	FT SMITH, AK 72914			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCATIGNO, VERA			NAME	
STREET ADDRESS	WILMER RD			STREET ADDRESS	
CITY-ST-ZIP	SOMERS, NY 117787833			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JANICE			NAME	
STREET ADDRESS	3801 17TH AVE W			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 342051410			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST, TOM			NAME	
STREET ADDRESS	5034 47TH ST WEST			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34210			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: <i>Joseph V. Burke</i>				Date: <i>4/29/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
<i>JOSEPH V. BURKE, P.O.A.</i>					