

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752463

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** GULF CABINS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2716 GULF DRIVE  
HOLMES BEACH, FL 34217 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 - 54TH STREET  
HOLMES BEACH, FL 34217 US

**New Mailing Address:**

FEI Number: 59-2033984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKE & POP CPA SERVICES LLC  
214 - 54TH STREET  
HOLMES BEACH, FL 34217 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: MOORE, FRANK  
Address: 867 LAUREL CREST COURT  
City-St-Zip: MARIETTA, GA

Title: VD  
Name: LIND, JULIANNE  
Address: PO BOX 4070  
City-St-Zip: FT SMITH, AK 72914

Title: PD  
Name: SCATIGNO, VERA  
Address: WILMER RD  
City-St-Zip: SOMERS, NY 117787833

Title: D  
Name: FORREST, TOM  
Address: 5034 47TH ST WEST  
City-St-Zip: BRADENTON, FL 34210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERA SCATIGNO

PD

02/23/2011

Electronic Signature of Signing Officer or Director

Date