

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 024 ****61.25

DOCUMENT # 756325

1. Entity Name
GULF SHORES CONDOMINIUM MOTEL, INC.



Principal Place of Business

**410 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address

**C/O PROFESSIONAL CONDO CONCEPTS, INC.
2181 INDIAN ROCKS RD S. SUITE 1
LARGO, FL 33774 US**

50007577



DO NOT WRITE IN THIS SPACE

06192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2167636

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCONNELL, NICOLA J
2181 INDIAN ROCKS RD S
SUITE 1
LARGO, FL 33774**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GOULD, TODD
410 GULF BLVD
INDIAN ROCKS BEACH, FL 33785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MYERS, CLIFF
410 GULF BLVD
INDIAN ROCKS BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MCKENNA, GENE
410 GULF BLVD
INDIAN ROCKS BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD GOULD

6-22-08
Date

813-426-3355
Daytime Phone #