

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756347

FILED
Apr 28, 2007
Secretary of State

Entity Name: GULF VIEW TOWN HOUSES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ISLAND VACATION PROP.
3001 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

C/O ISLAND VACATION PROP.
3001 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: 65-0331016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, BARRY
ISLAND VACATION PROP
3001 GULF DRIVE
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: PD () Delete
Name: BLATNICK, BARBARA
Address: 32 DENNY ESTATES
City-St-Zip: PITTSBURG BCH, PA 152381402

Title: SD () Delete
Name: HERR, MICHAEL
Address: FLIEDERSTR. 16 1/2
City-St-Zip: MANCHING 85007, GE

Title: AS () Delete
Name: GOULD, BARRY
Address: 3001 GULF DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLATNICK, BARBARA
Address: 6238 BOBBY JONES CT
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: BACK, MARTIN
Address: 17806 EAGLE TRACE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA BLATNICK

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date