

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756347

FILED  
Apr 19, 2008  
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: 6238 BOBBY JONES CT  
City-St-Zip: PALMETTO, FL 34221

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MICHAEL J NORTHFIELD

MGR

04/19/2008

Electronic Signature of Signing Officer or Director

Date