2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2005 8:00 am Secretary of State **DOCUMENT #758780** 03-18-2005 90063 022 ****61.25 GULF EAST OF NAPLES CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 800 SEAGATE DR #202 800 SEAGATE DR #202 20022529 NAPLES, FL 34103 US NAPLES, FL 34103 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2170198 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. **BUSINESS SOLUTIONS OF NAPLES INC** 800 SEAGATE DR #202 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34103 City 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. 3 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **X** Delete TITI F Change Change ☐ Addition VATTEROTT, GREG WETTLAUFER, WARD NAME NAME STREET ADDRESS 10449 ST CHARLES ROCK RD STREET ADDRESS **522 EAGLE CREEK DRIVE** CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP SAINT ANN, MO 63074 DYP DP TITLE Delete TITLE MILISAUSKAS, SARUNAS NAME VATTEROTT, GREG NAME 10449 ST CHARLES ROCK RD STREET ADDRESS 106 CHAPEL WOODS STREET ADDRESS CITY-ST-ZIP SAINT ANN, MO 63074 CITY-ST-ZIP WILLIAMSVILLE, NY 14221-1870 TITLE \$D Delete TITLE Change Addition NAME VATTEROTT, SUSAN NAME STREET ADDRESS 10449 ST CHARLES ROCK ROAD STREET ADDRESS CITY-ST-ZIP SAINT ANN, MO 63074 CITY-ST-ZIP TĎ Delete TITLE TITLE Change Ch ☐ Addition WETTLAUFER, TRACY NAME NAME STREET ADDRESS **522 EAGLE CREEK DRIVE** STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARUNAS MILISAUSKAS 3/14/05 716-636-9746