

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90083 002 ****61.25

DOCUMENT # 760306

1. Entity Name
**THE GULFCOAST INN OF NAPLES OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2555 9TH STREET NORTH
NAPLES, FL 33940**

Mailing Address
**2555 9TH STREET NORTH
NAPLES, FL 33940**



03312006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2147858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DINUNZIO, JOSEPH N
2555 9TH STREET NORTH
NAPLES, FL 33940**

**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 May 1, 2006**

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	P DINUNZIO, JOSEPH N 2555 9TH STREET NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONAHUE, SILVA 2555 9TH ST N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDEVITT, JOHN 2555 9TH N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCUSO, DOMINICK 2555 9TH STREET NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPIAN, SONDR 2555 9TH ST. NO NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASI, ANGELO 2555 9TH STREET NORTH NAPLES, FL 33940

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 3/31/06 234-261-6046