2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760306

FILED May 01, 2009 Secretary of State

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

urrent P	rincipal Place of Business:	New Principal Place of Business:
	STREET NORTH FL 341034408	
urrent N	lailing Address:	New Mailing Address:
	STREET NORTH FL 341034408	
accordar	r: 59-2147858 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation di d Address of Current Registered Agent	id not receive the prior notice.
555 9TH), JOSEPH N STREET NORTH FL 341034408 US	
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or b
IGNATU		
	Electronic Signature of Registered	Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
tle: ame: ddress: ity-St-Zip:	P () Delete DINUNZIO, JOSEPH N 2555 9TH STREET NORTH NAPLES, FL 341034408	Title: () Change () Addition Name: Address: City-St-Zip:
tle: ame: ldress: ty-St-Zip:	ST () Delete SILVIS, DONAHUE 2555 9TH ST N NAPLES, FL 341034408	Title: ST (X) Change () Addition Name: MASI, ANGELO Address: 2555 9TH ST N City-St-Zip: NAPLES, FL 341034408
tle:	D () Delete MCDEVITT, JOHN 2555 9TH N	Title: () Change () Addition Name: Address:
ame: ldress:	NAPLES, FL 341034408	City-St-Zip:
ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip:	NAPLES, FL 341034408 D () Delete TEWES, HARVEY 2555 9TH STREET NORTH NAPLES, FL 341034408	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:
ame: ldress: ty-St-Zip: :le: ame: ldress:	D () Delete TEWES, HARVEY 2555 9TH STREET NORTH	Title: () Change () Addition Name: Address:

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: JOSEPH N DINUNZIO P 05/01/2009