


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90040 037 ****61.25

DOCUMENT # 766841					
1. Entity Name GULF RIDGE EAST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business GULF RIDGE EAST SUBDIVISION 4948 JOEWOOD DR. SANIBEL, FL 33957 US			Mailing Address P O BOX 1254 1619 JACKSON STREET SANIBEL, FL 33957 US		
2. Principal Place of Business			3. Mailing Address P O Box 1254		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State SANIBEL FL		
Zip		Country		Zip 33957	
Country		US		4. FEI Number 59-2355120	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, ROBERT P. 1619 JACKSON STREET FORT MYERS, FL 33902			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALI, DR. PAUL 4948 JOEWOOD DR. SANIBEL, FL 33957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID WINSTANLEY 4955 JOEWOOD DR SANIBEL FL 33957		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PUSCHEL, PHILLIP 4961 JOEWOOD DRIVE SANIBEL, FL 33957	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GILES, DR. HARLAN 4072 JOEWOOD DRIVE SANIBEL, FL 33957	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARBERT, RENEE 4979 JOEWOOD DR. SANIBEL, FL 33957	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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: <u>PHILIP PUSCHEL</u> <u>1/20/05</u> <u>239 395-1223</u>					