

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766841

FILED
Jul 14, 2008
Secretary of State

Entity Name: GULF RIDGE EAST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GULF RIDGE EAST SUBDIVISION
4948 JOEWOOD DR.
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1254
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-2355120 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDERSON, ROBERT P.
1619 JACKSON STREET
FORT MYERS, FL 33902 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: D () Delete
Name: WINSTANLEY, DAVID
Address: 4955 JOEWOOD DR.
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: PUSCHEL, PHILLIP
Address: 4961 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: PDT () Delete
Name: GILES, DR. HARLAN
Address: 4072 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: TARBERT, RENEE
Address: 4979 JOEWOOD DR.
City-St-Zip: SANIBEL, FL 33957

Title: VPSD () Delete
Name: TARBERT, THOMAS
Address: 4979 JOEWOOD DR
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GOLDENBERG, HERBERT
Address: 4949 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: D (X) Change () Addition
Name: GILES, DR. HARLAN
Address: 4972 JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957

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

Title: PDT (X) Change () Addition
Name: TARBERT, THOMAS
Address: 4979 JOEWOOD DR
City-St-Zip: SANIBEL, FL 33957

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: THOMAS D TARBERT

PDT

07/14/2008

Electronic Signature of Signing Officer or Director

Date