## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#767490** 

FILED Mar 27, 2008 Secretary of State

Entity Name: GULF COVE CONDOMINIUM ASSOCIATION OF VANDERBILT BEACH, INC.

	rincipal Place of Bu	ısiness:	New Prince	New Principal Place of Business:		
	LFSHORE DR.					
APT. #101 NAPLES,	FL 34108 US					
Current Mailing Address:			New Maili	New Mailing Address:		
0562 GULF SHORE DR			10562 GUI	10562 GULFSHORE DR.		
£101 NAPLES.	FL 34108 US		APT. #101 NAPLES, I			
		Number Applied For()	FEI Number Not App		Desired ( )	
				I Address of New Registered A <u>c</u>	. ,	
		t Registered Agent:	Name and	i Address of New Registered Ag	jent.	
	E, DAVID G TD LFSHORE DRIVE					
	FL 34108 US					
	e named entity submit e of Florida.	s this statement for the p	urpose of changing	its registered office or registered a	agent, or both,	
SIGNATU						
Electronic Signature of Registered Agent				Date		
FFICER	S AND DIRECTORS	:	ADDITION	NS/CHANGES TO OFFICERS AN	ID DIRECTORS	
itle: lame: ddress: city-St-Zip:	TD () Delete WALLACE, DAVID G 10562 GULF SHORE I NAPLES, FL 34108 U	DR, # 101	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
itle:	VD () Delete KETCHAM, TERRY		Title: Name: Address:	( ) Change ( ) Addition		
lame: .ddress: city-St-Zip:	10562 GULF SHORE I NAPLES, FL 34108		City-St-Zip:			
ddress:			City-St-Zip: Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition CHOZEN, LAURIE 10562 GULF SHORE DRIVE #201 NAPLES, FL 34108		
ddress: bity-St-Zip: itle: lame: ddress:	NAPLES, FL 34108  D () Delete CHOZEN, LAURIE 5524 TIFFANY LANE	5331	Title: Name: Address:	CHOZEN, LAURIE 10562 GULF SHORE DRIVE #201		
ddress: ity-St-Zip: itle: lame: ddress: itty-St-Zip: itte: lame: ddress:	NAPLES, FL 34108  D () Delete CHOZEN, LAURIE 5524 TIFFANY LANE SHOREWOOD, MN 55  PD () Delete ADAMS, HAROLD W 96 HIGH POND RD	5331 29	Title: Name: Address: City-St-Zip: Title: Name: Address:	CHOZEN, LAURIE 10562 GULF SHORE DRIVE #201 NAPLES, FL 34108		

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: DAVID G. WALLACE TD 03/27/2008