

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2008 8:00 am**  
**Secretary of State**

07-30-2008 90028 028 \*\*\*\*61.25

**DOCUMENT # N00000001815**

1. Entity Name  
G.P.O. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1941 HWY A1A  
~~#403~~  
INDIAN HARBOUR BEACH, FL 32937

Mailing Address  
~~2040 HWY A1A~~ P.O. Box 236684  
~~SUITE 203~~ COCOA, FL 32923  
INDIAN HARBOUR BEACH, FL 32937



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3632947

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERREN, JOSEPH S  
1941 HWY A1A  
#403  
INDIAN HARBOUR BEACH, FL 32937

7. Name and Address of New Registered Agent

Name Patricia A. Palardy  
Street Address (P.O. Box Number is Not Acceptable)  
COASTAL ASSN Mgmt, INC  
3612 Crossbow Dr  
City COCOA FL Zip Code 32926

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 Patricia A. Palardy  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-22-08  
DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	HERREN, JOSEPH S	
STREET ADDRESS	1941 HWY A1A #403	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	V. P	<input checked="" type="checkbox"/> Delete
NAME	DRISCOLL, DAN	
STREET ADDRESS	1941 HWY A1A #405	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	SEC.	<input checked="" type="checkbox"/> Delete
NAME	BRISON, ANGELA	
STREET ADDRESS	2040 HWY A1A SUITE 203	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	<del>DIR P</del>	<input type="checkbox"/> Delete
NAME	FRANKIN, RICHARD	
STREET ADDRESS	8029 NASHUA LANE	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	<del>DIR VP</del>	<input type="checkbox"/> Delete
NAME	WIDDIFIELD, ANN	
STREET ADDRESS	1356 MCDONALD ROAD	
CITY-ST-ZIP	SHADY SIDE, MD 20764	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	JACKS, TOM	
STREET ADDRESS	701 DOWN PATRICK LANE	
CITY-ST-ZIP	RALEIGH, NC 27615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>DRISCOLL, Helen</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>1941 HWY A1A #405</u>	
STREET ADDRESS	<u>Indian Harbor Bch, FL 32937</u>	
CITY-ST-ZIP	<u>Indian Harbor Bch, FL 32937</u>	
TITLE	<u>S</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>ZINSNER, DIANE</u>	
STREET ADDRESS	<u>1941 HWY A1A #304</u>	
CITY-ST-ZIP	<u>Indian Harbor Bch, FL 32937</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Procko, Paul</u>	
STREET ADDRESS	<u>1941 HWY A1A #407</u>	
CITY-ST-ZIP	<u>Indian Harbor Bch, FL 32937</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Helen O. Driscoll - Helen O. Driscoll 07/26/08 321-719-9179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #