

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001815

FILED
Aug 31, 2009
Secretary of State

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

Current Principal Place of Business:

1941 HWY A1A
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 236684
COCOA, FL 32923

New Mailing Address:

FEI Number: 59-3632947 **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:

Name and Address of New Registered Agent:

PALARDY, PATRICIA P
COASTAL ASSN MGMT, INC
3612 CROSSBOW DR
COCOA, FL 32926 US

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: T () Delete
Name: DRISCOLL, HELEN
Address: 1941 HWY A1A #405
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: S (X) Delete
Name: ZINSNER, DIANE
Address: 1941 HWY A1A #304
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: PROCKO, PAUL
Address: 1941 HWY A1A #407
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: P () Delete
Name: FRANKIN, RICHARD
Address: 8029 NASHUA LANE
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: WIDDIFIELD, ANN
Address: 1356 MCDONALD ROAD
City-St-Zip: SHADY SIDE, MD 20764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change () Addition
Name: FRANKLIN, RICHARD
Address: 8029 NASHUA LANE
City-St-Zip: ORLANDO, FL 32817

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

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: RICHARD FRANKLIN

P/D

08/31/2009

Electronic Signature of Signing Officer or Director

Date