

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

4/9

FILED
May 01, 2008 8:00 am
Secretary of State

04-09-2008 90030 026 ****61.25

DOCUMENT # N01000007979

1. Entity Name
**GULF HARBOUR MARINA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
14490 VISTA RIVER DR
FORT MYERS, FL 33908

Mailing Address
14490 VISTA RIVER DR
FORT MYERS, FL 33908

66009320



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153432

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, JOSEPH E ESQ.
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 33912-0000**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROUCH, WILLIAM
STREET ADDRESS	11466 OSPREY LANDING WAY
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	T
NAME	INGRAHAM, JOHN D
STREET ADDRESS	11029 HARBOUR YACHT CT #201
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	CROUCH, BILL
STREET ADDRESS	11466 OSPREY LANDING WAY
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP
NAME	CLEVELAND, NED
STREET ADDRESS	14280 ROYAL HARBOR CT #504
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	S
NAME	OSTROM, ROBERT
STREET ADDRESS	14773 OSPREY POINT DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	KELLEY, DAVID
STREET ADDRESS	11090 HARBOUR YACHT CT #54-B
CITY-ST-ZIP	FORT MYERS, FL 33908

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/28/09