


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90095 001 ****61.25

DOCUMENT # N01149			
1. Entity Name GOLD COAST WEST CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business PROFESSIONALLY YOURS INC 2517 SANTA BARBARA BLVD STE 11 CAPE CORAL, FL 33914 US	
2. Principal Place of Business - No P.O. Box # 1429 SW 48 Terr		3. Mailing Address P.O. Box 100831	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral FL		City & State Cape Coral FL	
Zip 33914	Country USA	Zip 33910	Country USA
6. Name and Address of Current Registered Agent TEAGUE, GEORGE PROFESSIONALLY YOURS INC. 2517 SANTA BARBARA BLVD STE 11 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2503 Del Prado Blvd. #500 City Cape Coral FL Zip Code 33904	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIANO, RAYMOND SR 1429 SW 48TH TERRACE #1 CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUCCIO, JOSEPH 1429 SW 48TH TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DETOMA, RALPH 1429 SW 48TH TERR #8 CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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02142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2504027 Applied For Not Applicable

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

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: *Ray Triano* 3-13-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #