2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001489

1. Entity Name — - GULF SHORE ASSOCIATION OF CONDOMINIUMS, INC.



FILED Jan 07, 2005 08:00 AM Secretary of State

Principal Place of Business ...

4301 GULF SHORE BLVD STE 600 NAPLES, FL 34103 Mailing Address

4301 GULF SHORE BLVD STE 600 NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

 4. FEI Number
 Applied For

 57-1148163
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDEL, MURRAY H 4301 GULF SHORE BLVD STE 600 NAPLES, FL 34103

SIGNATURE:

DO NOT WRITE IN THIS SPACE

<u> </u>				
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 Tragistered Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financin Trust Fund Contribution	sp \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D HENDEL, MURRAY H 4301 GULF SHORE BLVD STE 600 NAPLES, FL_34103			U00000174455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAGLIA, CHRIS 3971 GULF SHORE BLVD NAPLES, FL 34103			U00000174455 01/10/05-80010-015 61.25
NITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOWLANO_RUSS 4451 GULF SHORE BLVD. NAPLES, FL 34103		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP			_	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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				

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR