

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90026 037 ****61.25

DOCUMENT # N02287 1. Entity Name GULF HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 US			Mailing Address 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business, No P.O. Box # Gulf Breeze Mgmt. Svcs. of SW FL, LLC		3. Mailing Address Gulf Breeze Mgmt. Svcs. of SW FL, LLC			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01032008 Chg-NP CR2E037 (12/06)	
City & State 		City & State 		4. FEI Number 59-2551070	
Zip 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Gulf Breeze Mgmt. Svcs. of SW FL, LLC	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	VD SHAFOR, STEVE 25875 HICKORY BLVD #302 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Rogers, Norman 25875 Hickory Blvd., #301 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BACHMAN, BARBARA 25875 HICKORY BLVD., #401 BONITA SPRINGS, FL 34134 <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	TD HOLLERAN, CATHIE JO 25875 HICKORY BLVD., #501 BONITA SPRINGS, FL 34134 <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		
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		
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		
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: <u>Cathie J. Holleran</u> <i>Feb 11, 2008</i> 239/949-3018 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Cathie Holleran <small>Date</small> 517 4102486 <small>Daytime Phone #</small> VB					