

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000264

FILED
Apr 25, 2006
Secretary of State

Entity Name: GULF HARBOUR MEMORIAL FOUNDATION, INC

Current Principal Place of Business:

11640 COURT OF PALMS
#404
FT. MYERS, FL 33908 US

New Principal Place of Business:

14501 OCEAN BLUFF DR
FT. MYERS, FL 33908 US

Current Mailing Address:

11640 COURT OF PALMS
#404
FT. MYERS, FL 33908 US

New Mailing Address:

14501 OCEAN BLUFF DR
FT. MYERS, FL 33908 US

FEI Number: 20-0597089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, ARNOLD M
11640 COURT OF PALMS
#404
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

HARRIS, ARNOLD M
11418 OSPREY LANDING DR
FT MYERS, FL 33908 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:

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, ARNOLD M
Address: 11640 COURT OF PALMS #404
City-St-Zip: FT MYERS, FL 33908 US

Title: VD () Delete
Name: FISCHETTE, JAMES
Address: 14874 CRESCENT COVE DR
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: BANAHAN, JAMES
Address: 14888 CRESCENT COVE DR
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: CICALI, DONNA
Address: 14501 OCEAN BLUFF DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, ARNOLD M
Address: 11418 OSPREY LANDING DR
City-St-Zip: FT MYERS, FL 33908 US

Title: VD (X) Change () Addition
Name: CAROSELLI, MARIE
Address: 14611 HIGHLAND HARBOUR CRT
City-St-Zip: FORT MYERS, FL 33908

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

Title: TD (X) Change () Addition
Name: CICALI, DONNA J
Address: 14501 OCEAN BLUFF DR
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA J. CICALI

TD

04/25/2006

Electronic Signature of Signing Officer or Director

Date