

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000264

FILED
Mar 24, 2009
Secretary of State

Entity Name: GULF HARBOUR MEMORIAL FOUNDATION, INC

Current Principal Place of Business:

14501 OCEAN BLUFF DR
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

14501 OCEAN BLUFF DR
FT. MYERS, FL 33908 US

New Mailing Address:

FEI Number: 20-0597089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CICALE, DONNA J
14501 OCEAN BLUFF DRIVE
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, FRANK J JR
Address: 14520 DORY LANE
City-St-Zip: FT MYERS, FL 33908 US

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

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

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

Title: D () Delete
Name: BLOOMHALL, DIANE
Address: 11331 COMPASS POINT DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

Title: D () Delete
Name: STRONG, SUSAN L
Address: 11591 COMPASS POINT DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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. CICALE

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date