2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # NO400001925 THE BY

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

04-19-2007 90213 017 ****61.25

1. Entity Name GIMPY GULCH PROPERTY OWNERS' ASSOCIATION, INC.										
Principal Place of Business RICHARD L. BARNES 101 ORANGE LANE ISLAMORADA, FL 33036-3012		RICHA 101 (Mailing Address RICHARD L. BARNES 101 ORANGE LANE ISLAMORADA, FL 33036-3012							
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Maili	3. Mailing Address							
Suite, Apt. #, etc. S			Suite, Apt. #, etc.		03312007 CH	ng-NP	CR2E037 (12/06)			
City & State			City & State			4. FEI Number 57-120830	7	→ -	oplied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate of St	atus Desired	S8.75 Ad Fee Require		
	6. Name and Address of Curre	nt Registere	Agent			7. Name and Add	ress of New R	egistered Agent		
JABRO, JOHN A				Name	Name					
90311 OVERSEAS HWY			Street Address			(P.O. Box Number is Not Acceptable)				
	ER, FL 33070									
					City FL Zip Code					
	named entity submits this statement tions of registered agent.	for the purpo	ose of changing its	registered office	or registe	red agent, or both, in	the State of Flo	orida. I am familiar with	, and accept	
1	,									
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if appl	icable. (NOTE	: Registered Agent sig	nature require	d when reinstating)	-	DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS II	V 10	
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME	LABARTA, LARRY			NAME						
STREET ADDRESS CITY-ST-ZIP	707 N.W. 7TH AVE MIAMI, FL 33126			STREET ADDRES	S					
TITLE	T		Delete	TITLE	<u>a</u>			☐ Change	<u> </u>	
NAME	1 •			HILL					nortibbA PCT	
STREET ADDRESS	BROOKOVER, BILLIE			NAME	14	the coop	FA	\$.mange	™ Addition	
I	BROOKOVER, BILLIE 130 GIMPY GULCH			name Street addres	24	ICE COOP	CAKE JA	_ ,	TEM Addition	
CITY-ST-ZIP				E	2 2.C	ICE COOP 15 Lanny 19LES, FL	ZYIID CYAKE DI	_ ,	TS 4ddition	
TITLE	130 GIMPY GULCH ISLAMORADA, FL 33036 P		☐ Delete	STREET ADDRES CITY-ST-ZIP TITLE	2 2.C	5 JOHNM	34110 CAKE DI EK	_ ,	Addition Addition	
TITLE NAME	130 GIMPY GULCH ISLAMORADA, FL 33036 P BARNES, RICHARD	<u></u>		STREET ADDRES CITY-ST-ZIP TITLE NAME	2 AC	5 JOHNM	341110 CHKE DI	live		
TITLE NAME STREET ADDRESS	130 GIMPY GULCH ISLAMORADA, FL 33036 P BARNES, RICHARD 101 ORANGE LN			STREET ADDRES CITY-ST-ZIP TITLE	2 AC	5 JOHNM	ZHIID CAKE DI	live		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	130 GIMPY GULCH ISLAMORADA, FL 33036 P BARNES, RICHARD 101 ORANGE LN ISLAMORADA, FL 33036		□ Delete	STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES	2 AC	5 JOHNM	EK ZHIID BHIID	live		
TITLE NAME STREET ADDRESS	130 GIMPY GULCH ISLAMORADA, FL 33036 P BARNES, RICHARD 101 ORANGE LN			STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	2 AC	5 JOHNM	ZHIID CAKE DI	XXC PS Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	130 GIMPY GULCH ISLAMORADA, FL 33036 P BARNES, RICHARD 101 ORANGE LN ISLAMORADA, FL 33036 S		□ Delete	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	2 AC P	5 JOHNM	34110 CAKE DI	XXC PS Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	130 GIMPY GULCH ISLAMORADA, FL 33036 P BARNES, RICHARD 101 ORANGE LN ISLAMORADA, FL 33036 S FINK SHAW, NANCY HOPE		□ Delete	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	2 AC P	5 JOHNM	ZHIID CAKE DI	XXC PS Change	☐ 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.

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

J / Zawar R. L. BARNES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WELLS, MILLARD

ISLAMORADA, FL 33036

P.O. BOX 152

04-04-07 305.852-3044

Change

☐ Addition