

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001825

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** GIMPY GULCH PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

RICHARD L. BARNES  
101 ORANGE LANE  
ISLAMORADA, FL 330363012

**New Principal Place of Business:**

**Current Mailing Address:**

RICHARD L. BARNES  
101 ORANGE LANE  
ISLAMORADA, FL 330363012

**New Mailing Address:**

**FEI Number:** 57-1208307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JABRO, JOHN A  
90311 OVERSEAS HWY  
STE B  
TAVERNIER, FL 33070 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: D ( ) Delete  
Name: LABARTA, LARRY  
Address: 707 N.W. 7TH AVE  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: COOPER, JAYCE  
Address: 205 JOHNNY CAKE DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: PT ( ) Delete  
Name: BARNES, RICHARD  
Address: 101 ORANGE LN  
City-St-Zip: ISLAMORADA, FL 33036

Title: S ( ) Delete  
Name: FINK SHAW, NANCY HOPE  
Address: 140 GIMPY GULCH  
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete  
Name: WELLS, MILLARD  
Address: P.O. BOX 152  
City-St-Zip: ISLAMORADA, FL 33036

**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  
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: RICHARD BARNES

TREA

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date