

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003360

FILED
Jan 08, 2009
Secretary of State

Entity Name: GULF REFLECTIONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O HENDERSON, FRANKLIN, STARNES & HOLT PA
1648 PERIWINKLE WAY SUITE B
SANIBEL, FL 33957

New Principal Place of Business:

C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

Current Mailing Address:

C/O BENSOND INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

New Mailing Address:

C/O BENSONS INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

FEI Number: 20-5453985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: ADAMSON, JOSEPH
Address: 1311 NEWPORT CENTER DRIVE WEST SUITE C
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TD () Delete
Name: CAPPELLINI, ALBERT
Address: 1311 NEWPORT CENTER DRIVE WEST SUITE C
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VSD () Delete
Name: DUBOIS, JERRY W
Address: 1311 NEWPORT CENTER DRIVE WEST SUITE C
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: EDWARD, HIGBIE
Address: 11041 GULF REFLECTIONS DR #C401
City-St-Zip: FORT MYERS, FL 33908

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:

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: JOSEPH ADAMSON

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date