

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90222 049 \*\*\*\*61.25

<b>DOCUMENT # N04000010452</b> 1. Entity Name <b>GULF AND PALMS ESTATES ASSOCIATION, INC.</b>			
Principal Place of Business <b>1655-A GULF BOULEVARD ENGLEWOOD FL</b>		Mailing Address <b>1655-A GULF BOULEVARD ENGLEWOOD FL</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1655 GULF BLVD #1</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>ENGLEWOOD, FL</b> Zip <b>34223</b>	
Country		Country	
4. FEI Number <b>13-4290924</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>GOULTER, DOROTHY 1655-A GULF BOULEVARD ENGLEWOOD FL</b>	
7. Name and Address of New Registered Agent Name <b>BARRY YOUNGBLUT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1145 MEADOWLARK LAKE</b> City <b>ENGLEWOOD</b> FL Zip Code <b>34224</b>		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE <b>4/18/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW. FEE IS \$61.25. Due By May 1, 2005.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITCOMB, JULIE 1655-A GULF BOULEVARD ENGLEWOOD FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMECHENBEHER, GUY 110 MEREDITH DRIVE ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS POINON 1655 MEADOWLARK LAKE ENGLEWOOD FL 34224	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: <i>[Signature]</i> <b>BARRY-YOUNGBLUT</b>		Date <b>3-26-05</b>	