
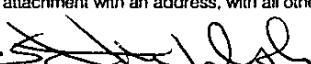


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90011 023 \*\*\*\*61.25

<b>DOCUMENT # N05000008021</b> 1. Entity Name <b>GULF SHORES ASSOCIATION OF VENICE, INC.</b>					
Principal Place of Business <b>404 BEACH ROAD VENICE, FL 34285</b>			Mailing Address <b>404 BEACH ROAD VENICE, FL 34285</b>		
2. Principal Place of Business <b>P.O. Box 31</b>		3. Mailing Address <b>P.O. Box 31</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Venice, FL</b>		City & State <b>Venice, FL</b>		4. FEI Number <b>20-3389474</b>	
Zip <b>34284</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEISH, IDA MAE 404 BEACH RD. VENICE, FL 34285</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WELSH, IDA 404 BEACH ROAD VENICE, FL 34285</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DAVIS, CHRIS 340 SHORE ROAD VENICE, FL 34285</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Tom Obermeier 216 Gulf DR Venice, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ALEXANDER, DICK 308 BEACH ROAD VENICE, FL 34285</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Darlene Curtin 313 Circle DR Venice, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OBERMEIER, TOM 216 GULF DRIVE VENICE, FL 34285</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Judith Karr 224 Gulf Drive Venice, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POKORNY, NORM 405 GULF DRIVE VENICE, FL 3</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIEL, RUTH 1108 HARBOR DRIVE VENICE, FL 34285</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			<b>IDA MAE WELSH PRESIDENT</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>3/28/2006</b> <small>Daytime Phone #</small> <b>1-941-232-5784</b>		

\* See attached Page 2

ATTACHMENT

40042028

PAGE 2

2006 Not-For-Profit Corporation  
Annual Report

Document #N05000008021  
Gulf Shores Association of Venice, Inc.

Addition to Item #11 (Additions/Changes to Officers and Directors in 10)

Title: D  
Name: Chris Davis  
Street Address: 340 Shore Road  
City-St-Zip: Venice, FL 34285