## '2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 25, 2008 8:00 am DOCUMENT # N05000008021 **Secretary of State** 1. Entity Name 03-25-2008 90012 041 \*\*\*\*61.25 GULF SHORES ASSOCIATION OF VENICE, INC. Principal Place of Business Mailing Address POB 31 VENICE FL 34284 POB 31 VENICE FL 34284 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-3389474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OBERMEIER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 216 GULF DRIVE VENICE FL 34285 Zip Code FI 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or existed name of registered agoin and the diagnificable (NOTE: Boussiered Agent signature required when reinstaung) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State krumitrakisia oprijeljeke gali 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PAH! Neal PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition OBERMEIER, TOM NAME NAME 1139 Riviera St 216 GULF DRIVE STREET ADORESS STREET ADDRESS venice FI 34285 VENICE FL 34285 CITY - ST - ZIP CITY-ST-ZIP VD ☐ Delate TITLE Title ☐ Change ☐ Addition POKORNY, NORM NAME MAME STREET AUDRESS 405 GULF DRIVE STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ncilibbA 🔲 CURTIN, DARLENE NAME NAME 313 CIR DR STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-7IP CITY-ST-ZIP THE TD Delete TITLE ☐ Change Addition KARR, JUDITH NAME NAME STREET ADDRESS 224 GULF DR STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP TITLE ☐ Delete 11111 ☐ Change Addition POKORNY, NORM NAME NAME 405 GULF DRIVE STREET AUDHESS STREET ADDRESS VENICE FL 3 CITY-ST-ZIP CITY-ST-ZiP THUE ☐ Delete TITLE ☐ Change ☐ Addition MARIK, DON NAME NAME 1125 RIVIERA STREET STREET AUDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: 3-/0-08 941-7/6-0567

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or Block 11 or Block 12 or Block 13 or Block 13 or Block 14 or Block 14 or Block 14 or Block 15 or Block 15 or Block 16 or Block 17 or Block 16 or Block 17 or Block 16 or Block 16 or Block 17 or Block 17 or Block 18 or Block 18 or Block 19 or Blo