2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N05000008021

Entity Name: GULF SHORES ASSOCIATION OF VENICE, INC.

Current Principal Place of Business:

POB 31
VENICE, FL 34284

New Principal Place of Business:

216 GULF DRIVE
VENICE, FL 34285

Current Mailing Address:

POB 31
VENICE, FL 34284

New Mailing Address:

FEI Number: 20-3389474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OBERMEIER, THOMAS
216 GULF DRIVE
VENICE, FL 34285 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: TD ( ) Delete
Name: PATTI, NEAL
Address: 1139 RIVIERA ST
City-St-Zip: VENICE, FL 34285

Title: VD ( ) Delete
Name: POKORNY, NORM
Address: 405 GULF DRIVE
City-St-Zip: VENICE, FL 34285

Title: SD ( ) Delete
Name: CURTIN, DARLENE
Address: 313 CIR DR
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: POKORNY, NORM
Address: 405 GULF DRIVE
City-St-Zip: VENICE, FL 3

Title: D ( ) Delete
Name: MARIK, DON
Address: 1125 RIVIERA STREET
City-St-Zip: VENICE, FL 34285

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: PATTI NEAL TREA 01/09/2009
Electronic Signature of Signing Officer or Director — Date