2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08716

FILED Apr 19, 2005 Secretary of State

Entity Name: GULF HARBOUR MASTER ASSOCIATION, INC.

• • • • • • • • • • • • • • • • • • • •	rincipal Place	of Business:	New Pri	rincipal Place of Business:
	GREGOR BLV ERS, FL 33908			
Current M	lailing Addres	ss:	New Ma	ailing Address:
PO BOX 6 FORT MYI	017 ERS BEACH, F	FL 339326017		
FEI Number	: 59-2579370	FEI Number Applied For () FEI Number Not A	Applicable () Certificate of Status Desired ()
Name and	l Address of C	Current Registered Agen	nt: Name a	and Address of New Registered Agent:
100 LOVE	FOR & ASSOC RS LANE 3RD ERS BEACH, F	FLOOR		
	e named entity s e of Florida.	submits this statement for	the purpose of changin	ng its registered office or registered agent, or both,
SIGNATUI				
	Electron	nic Signature of Registered	d Agent	Date
OFFICER	S AND DIREC	TORS:	ADDITIO	IONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	MILLS, ROBIN) Delete JR LANDINGS DR # 6 FL 33908	Title: Name: Address: City-St-Zip	
Title: Name: Address: City-St-Zip:	RUSS, DAVID) Delete Y POINT DRIVE FL 33908	Title: Name: Address:	
			City-St-Zip	ip: FORT MYERS, FL 33908
Name: Address:	FREEMAN, EAF	Y LANDING WAY	Title: Name: Address: City-St-Zip	() Change () Addition
Name: Address: City-St-Zip: Title: Name: Address:	FREEMAN, EAF 11461 OSPREY FORT MYERS, S () MAXIM, BARBA	RL Y LANDING WAY FL 33908) Delete ARA Y LANDING WAY	Title: Name: Address:	()Change()Addition ip: ()Change()Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	FREEMAN, EAF 11461 OSPREY FORT MYERS, S () MAXIM, BARBA 11430 OSPREY FORT MYERS, D () TATE, DON	RL Y LANDING WAY FL 33908) Delete ARA Y LANDING WAY FL 33908) Delete HARBOUR CT. #305	Title: Name: Address: City-St-Zip Title: Name: Address:	() Change () Addition iip: () Change () Addition iip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EARL FREEMAN P 04/19/2005