

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000603

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** NELSON GULF ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

218 ROUTE 94  
VERNON, NJ 07642

**New Principal Place of Business:**

**Current Mailing Address:**

218 ROUTE 94  
VERNON, NJ 07642

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRET SHAWN CLARK, P.A.  
121 NORTH MCCALL ROAD  
ENGLEWOOD, FL 34223 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: VD  
Name: NELSON, AMANDA  
Address: 218 ROUTE 94  
City-St-Zip: VERNON, NJ 07642

Title: PD  
Name: NELSON, MARK R  
Address: 218 ROUTE 94  
City-St-Zip: VERNON, NJ 07642

Title: STD  
Name: NELSON, ANDREA  
Address: 218 ROUTE 94  
City-St-Zip: VERNON, NJ 07642

I hereby 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 all other like empowered.

SIGNATURE: AMANDA NELSON

VD

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date