

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90105 026 \*\*\*\*61.25

<b>DOCUMENT # N14540</b> 1. Entity Name <b>THE GULF PLACE II CONDOMINIUM ASSOCIATION OF LEE COUNTY, INC.</b>						
Principal Place of Business <b>610 &amp; 618 GERALD AVE LEHIGH, FL 33970 US</b>			Mailing Address <b>PO BOX 954 LEHIGH, FL 33970 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>65-0098006</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KUBECKA, CHRISTINA 618 GERALD AVE APT 421 LEHIGH ACRES, FL 33972</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).		
<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	D HOSKINS, CHARLES 610 GERALD AV APT 326 LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilk, Luben 610 Gerald # 311 Lehigh Acres, FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVILA, BLANCA M 610 GERALD AVE APT 313 LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eize, Odalys 102 Doveside Lane Lehigh Acres, FL 33936 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANNER, ROBIN 618 GERALD AVE APT 411 LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cruierrez, Maria 19 West Flagler St. # 312 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JOCELYN 610 GERALD AVE APT 326 LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUBECKA, CHRISTINA 618 GERALD AVE APT 421 LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUBECKA, CHRISTINA 618 GERALD AVE APT 421 LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUBECKA, CHRISTINA 618 GERALD AVE APT 421 LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUBECKA, CHRISTINA 618 GERALD AVE APT 421 LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUBECKA, CHRISTINA 618 GERALD AVE APT 421 LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	
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> <u>Blanca M. Davila</u> Blanca M. Davila 2/28/06 239-822-2334 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						