


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N16520 1. Entity Name GULF SOUTH CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060 US	Mailing Address 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060 US
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04262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2807176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324


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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RUSCA, FAUSTO VIA G.B. PIODA 14 CH6901 LUGANO, SWITZERLAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSCA, FAUSTO VIA G.B. PIODA 14 CH6901 LUGANO, SWITZERLAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATFIELD, KEN 11811 NORTH FREEWAY, #300 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMBARI, MICHAEL 11811 NORTH FREEWAY, #300 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000947101 05/30/08-80075-022 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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.		
SIGNATURE: MICHAEL C. TOMBARI 	Date 4/29/08	Daytime Phone # 281 820 0747
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		