

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N16672

1. Entity Name
GLOUCESTER BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**880 8TH AVENUE SOUTH
NAPLES, FL 34102**

Mailing Address
**880 8TH AVENUE SOUTH
NAPLES, FL 34102**



DO NOT WRITE IN THIS SPACE

01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2704065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODMAN, JAY H
880 8TH AVE S
APT 101
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | COOK, JIM |
| STREET ADDRESS | 880 8TH AVE S. APT 202 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | DV |
| NAME | SMITH, BERNITA |
| STREET ADDRESS | 880 8TH AVE S, APT. 301 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | D |
| NAME | GRAHAM, JOHN |
| STREET ADDRESS | 880 8TH AVE S APT 201 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | D |
| NAME | RIGGIO, PHILIP |
| STREET ADDRESS | 880 8TH AVE S APT 302 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | PD |
| NAME | GERLACH, PAMELA |
| STREET ADDRESS | 880 8TH AVE S APT 102 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | DST |
| NAME | RODMAN, JAY |
| STREET ADDRESS | 880 8TH AVE S APT 101 |
| CITY-ST-ZIP | NAPLES, FL 34102 |

**DO NOT WRITE
IN THIS SPACE**

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:

Jay H. Rodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2007

Date

(239) 649-1096

Daytime Phone #

JAY H. RODMAN