

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

FILED
Jan 22, 2008 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**



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2704065	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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000791444
01/23/08-80074-014 FL 25**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2008

Date

239-649-1096

Daytime Phone #

JAY H. RODMAN