

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 26, 2009
Secretary of State

DOCUMENT# N16672

Entity Name: GLOUCESTER BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**880 8TH AVENUE SOUTH
NAPLES, FL 34102 US**New Principal Place of Business:****Current Mailing Address:**2335 9TH STREET N
SUITE 505
NAPLES, FL 34103 US**New Mailing Address:****FEI Number:** 59-2704065**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GULF VIEW PROPERTY MANAGEMENT
2335 9TH STREET N
SUITE 505
NAPLES, FL 34103 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:** PD () Delete
Name: GERLACH, PAMELA
Address: 880 8TH AVE S APT 102
City-St-Zip: NAPLES, FL 34102 US**Title:** VPD () Delete
Name: SMITH, BERNITA
Address: 880 8TH AVE S, APT. 301
City-St-Zip: NAPLES, FL 34102 US**Title:** STD () Delete
Name: GRAHAM, JOHN
Address: 880 8TH AVE S APT 201
City-St-Zip: NAPLES, FL 34102 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: RODMAN, JAY
Address: 880 8TH AVE S APT 101
City-St-Zip: NAPLES, FL 34102 US**Title:** D () Change (X) Addition
Name: COOK, JIM
Address: 880 8TH AVE S APT 202
City-St-Zip: NAPLES, FL 34102 US**Title:** D () Change (X) Addition
Name: SMITH, CHARLES
Address: 880 8TH AVE S APT 301
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA GERLACH

PD

10/26/2009

Electronic Signature of Signing Officer or Director

Date