


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 048 ****61.25

DOCUMENT # N19373 1. Entity Name GULFWALK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 802 ANCHOR RODE DRIVE NAPLES, FL 34103-2739 US				Mailing Address 802 ANCHOR RODE DRIVE C/O ACCOUNTING & TAX ASSOC. OF NAPLES NAPLES, FL 34103-2739 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIESKY, JAMES H. SIESKY, LEHMAN & ESPEY, P.A. 700 ELEVENTH ST. S., SUITE 203 NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFEY, ROBERT			NAME	
STREET ADDRESS	469 THE MEADOWS			STREET ADDRESS	
CITY-ST-ZIP	ENFIELD, CT 06082			CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete			TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGAL, BARBARA			NAME	One Belmont Road # 112
STREET ADDRESS	PO BOX 181			STREET ADDRESS	West Harwich, MA 02671
CITY-ST-ZIP	NORTH CHATHAM, MA 02650			CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> Delete			TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, MARY			NAME	Thomas N. Ryan III
STREET ADDRESS	231 2ND AVENUE			STREET ADDRESS	8000 Rose Island Road
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP	Prospect Ky 40059
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert F Hafey</u> ROBERT F HAFEY					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2/5/05</u> Daytime Phone # _____	

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01102005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2764012** Applied For ☐ Not Applicable ☒

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