2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # N19373 1. Entity Name GULFWALK CONDOMINIUM ASSOCIATION, INC.						02-13-2006	90028 029 ****61	1.25
802 ANCHOR RODE DRIVE		Mailing Address 802 ANCHOR RODE DRIVE C/O ACCOUNTING & TAX ASSOC. OF NAPLES NAPLES, FL 34103-2739 US			TO 1970 OF THE TOTAL SHIP			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt_#, etc		01062006	Chg-NP	CR2E037-(11/05)	-	
City & State		City & State			4. FEI Number 59-27640	12	 -	oplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	Idress of New R	egistered Agent	
SIESKY, JAMES H.				Anne Patterson				
SIESKY, LEHMAN & ESPEY, P.A. 700 ELEVENTH ST. S., SUITE 203				Street Address (P.O. Box Number is Not Acceptable) A CCOUNTING 47AX ASSUCTATES OF NAPLES				
NAPLES,					ANCHOR K	PODE OF	RIVE	
					WH(2h) FL 34103			
8. The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered)				Agent signature requir			and a maniliar with, $\frac{2-8-04}{2}$	and accept
	organization, typod dr. p. med Admired Togglide See agents	The me is opposed to the first to	. riegialereu	Agent agreement requir	ed when remstating)		DATE	
	Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Fi	nancing	\$5.00 May Be Added to Fees	Flor	ake check payable t	tate
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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 expect 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 43 address, with all other the empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-06 (239 262-1874