## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19373

FILED Apr 08, 2009 Secretary of State

Entity Name: GULFWALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

802 ANCHOR RODE DRIVE 231 2ND AVENUE SOUTH NAPLES, FL 341032739 US NAPLES, FL 34102 US

Current Mailing Address: New Mailing Address:

802 ANCHOR RODE DRIVE
C/O ACCOUNTING & TAX ASSOC. OF NAPLES
NAPLES, FL 341032739 US

C/O CAMBRIDGE MANAGEMENT OF SWFL
2335 TAMIAMI TRAIL N. #402
NAPLES, FL 34103 US

FEI Number: 65-0105056 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATTERSON, ANNE
ACCOUNTING TAX ASSOCIATES OF NAPLES
802 ANCHOR RODE DR
NAPLES, FL 34103 US

PATTERSON, ANNE
CAMBRIDGE MANAGEMENT OF SWFL, INC.
2335 TAMIAMI TRAIL N. #402
NAPLES, FL 34103 US

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: 04/08/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 BELL, MARY
 Name:
 CALERSO, RONALD

 Address:
 5722 AUTUMN WOODS TR
 Address:
 231 SECOND AVENUE SOUTH #202

City-St-Zip: FORT WAYNE, IN 46835 City-St-Zip: NAPLES, FL 34102

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BORGAL, BARBARA
 Name:

 Address:
 ONE BELMONT ROAD #112
 Address:

 City-St-Zip:
 WEST HARWICH, MA 02671
 City-St-Zip:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RYAN, THOMAS N III
 Name:

 Address:
 8000 ROSE ISLAND ROAD
 Address:

 City-St-Zip:
 PROSPECT, KY 40059
 City-St-Zip:

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: ANNE PATTERSON RA 04/08/2009