


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N20856	
1. Entity Name GULF SHORE PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 1717 GULF SHORE BLVD N NAPLES, FL 34102	Mailing Address 860 1ST AVE NO. NAPLES, FL 34102 US
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04272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0028591	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 PROFFITT, JOHN M 860 1ST AVE, NORTH 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D STARKS, FRANKLIN F 1717 GULF SHORE BLVD N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMILEY, PATRICIA 1568 GULF SHORE BLVD. N. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CALLAHAN, JACK 2151 GULF SHORE BLVD N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALKER, NEIL 1950 GULF SHORE BLVD N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/13/06-80062-015 61.25

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: *John M. Proffitt* **JOHN M. PROFFITT** 4/27/06 ²³⁹ 262-1728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #