


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20856</b> 1. Entity Name <b>GULF SHORE PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>1717 GULF SHORE BLVD N NAPLES FL 34102</b>		Mailing Address <b>860 1ST AVE NO. NAPLES FL 34102 US</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country	4. FEI Number <b>65-0028591</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b> <b>PROFFITT, JOHN M 860 1ST AVE, NORTH NAPLES FL 34102</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>STARKS, FRANKLIN F</b> <b>1717 GULF SHORE BLVD N</b> <b>NAPLES FL 34102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SMILEY, PATRICIA</b> <b>1568 GULF SHORE BLVD. N.</b> <b>NAPLES FL 34102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">                         U00000673605                          03/29/07-80036-002 61.25                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>CALLAHAN, JACK</b> <b>2151 GULF SHORE BLVD N</b> <b>NAPLES FL 34102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>WALKER, NEIL</b> <b>1950 GULF SHORE BLVD N</b> <b>NAPLES FL 34102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Franklin Starks* President 3/24/07