## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N20856

1. Entity Name

GULF SHORE PROPERTY OWNERS ASSOCIATION, INC.



FILED Mar 26, 2008 08:00 AN Secretary of State

Principal Place of Business

1717 GULF SHORE BLVD N NAPLES, FL 34102 Mailing Address

860 1ST AVE NO.

NAPLES, FL 34102

US



## DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0028591

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PROFFITT, JOHN M 860 1ST AVE, NORTH NAPLES, FL 34102

## DO NOT WRITE

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. Signature, typed or printed name of registered agent and libe if applicable (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be U00000869770 04/09/08-80063-008 61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS TITLE P/D NAME STARKS, FRANKLIN F 1717 GULF SHORE BLVD N STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITE F NAME SMILEY, PATRICIA STREET ADDRESS 1568 GULF SHORE BLVD. N. CITY-ST-ZIP NAPLES, FL 34102 TITLE **VP**Đ NAME CALLAHAN: JACK STREET ADDRESS 2151-GULF-SHORE BLVD N DO NOT WRITE CITY-ST-7IP NAPLES, FL 34102 IN THIS SPACE TITLE NAME WALKER, NEIL STREET ADDRESS 1950 GULF SHORE BLVD N CITY-ST-ZIP NAPLES, FL 34102 TITLE

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 empoyered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-11-2008 (239)-262-779