

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State
02-19-2007 90049 022 ****61.25

40019905



02132007 Chg-NP CR2E037 (12/06)

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| DOCUMENT # N24564 1. Entity Name GULFPOINTE II CONDOMINIUM ASSOCIATION, INC. | |
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| Principal Place of Business 12690 OVERSEAS HIGHWAY MARATHON, FL 33050 | Mailing Address 12690 OVERSEAS HWY. BOX 111 MARATHON, FL 33050 |
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| 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 |

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| 6. Name and Address of Current Registered Agent SALTIEL, ALAN 12690 OVERSEAS HIGHWAY BOX 61 MARATHON, FL 33050 | |
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| 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | |

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SALTIEL, ALAN 12690 OVERSEAS HIGHWAY MARATHON, FL 33050 <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 | VD MORRIS, ALAIN 12690 OVERSEAS HIGHWAY MARATHON, FL 33050 <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 | SD SALSGIVER, WILLIAM 12690 OVERSEAS HIGHWAY, BOX 92 MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORRIS, ALAIN 12690 OIS HWY MARATHON, FL. 33050 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARSICK, SUSAN 12690 OVERSEAS HWY., BOX 63 MARATHON, FL 33050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Box 64 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERMAN, KEN 12690 OVERSEAS HIGHWAY MARATHON, FL 33050 <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 |

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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 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: <u>Susan Marsick</u> SUSAN MARSICK 2-13-07 305 289 9092 | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |