


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90063 008 \*\*\*\*61.25

<b>DOCUMENT # N24564</b> 1. Entity Name GULFPOINTE II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12690 OVERSEAS HIGHWAY MARATHON, FL 33050			Mailing Address 12690 OVERSEAS HWY. BOX 111 MARATHON, FL 33050		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0108256	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALTIEL, ALAN 12690 OVERSEAS HIGHWAY BOX 61 MARATHON, FL 33050				Name MARSICK, SUSAN Street Address (P.O. Box Number is Not Acceptable) 12690 Overseas Hwy Box 64 Marathon City FL Zip Code 33050	
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 <u>SUSAN MARSICK</u>		<u>Susan Marsick</u> (NOTE: Registered Agent signature required when registering)		1-7-08 DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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					
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 type="checkbox"/> Addition	
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 12690 Overseas Hwy 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	Fraccalvieri, Phil 12690 Overseas Hwy Marathon, FL 33050	<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 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 (Susan Marsick)</u> 1-7-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					