

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 007 ****70.00

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1. Entity Name
GULF VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
BOCA GRANDE-GASPARILLA
BOCA GRANDE, FL 00000 US

Mailing Address
1861 PLACIDA RD.
SUITE 204
ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE



03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0271835

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT D. ITTERSAGEN
1861 PLACIDA RD
SUITE 204
ENGLEWOOD, FL 34223

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
DOD A. FRASER
4 SACKET LANDING
RYE, NY 10580

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BERG, JOHN A
721 EAST RICE ST
WAYZATA, MN 55391

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
SACKATT, BILL
134 GULF BLVD
BOCA GRANDE, FL 33921

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: _____

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06

Date

612-599-9119

Daytime Phone #