

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

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N41740

1. Entity Name
GOPHER WALK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**GOPHER WALK WAY
SANIBEL, FL 33957**

Mailing Address

**PO BOX 190
SANIBEL, FL 33957**



02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0309751** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STROEMER TUSCAN & COMPANY, PA
8961 CONFERENCE DRIVE SUITE 2
FT MYERS, FL 33919**

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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 renewing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**UD00007445757
03/07/06-80061-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARREN, JEFFERY L
STREET ADDRESS	718 GOPHER WALK WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	TD
NAME	MEEK, MARGE
STREET ADDRESS	712 GOPHER WALK WY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	SD
NAME	AVERY, BRUCE
STREET ADDRESS	722 GOPHER WALK
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	AT
NAME	MILLER, MICHAEL
STREET ADDRESS	8961 CONFERENCE DRIVE STE #2
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Michael Miller, Asst. Treasurer 2/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #