


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # N41740 1. Entity Name GOPHER WALK HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business GOPHER WALK WAY SANIBEL, FL 33957	Mailing Address PO BOX 190 SANIBEL, FL 33957
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0309751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

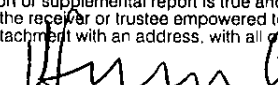
6. Name and Address of Current Registered Agent VASANTA, SENERAT PA 3949 EVANS AVE #205 FORT MYERS, FL 33901
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State 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 reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, BEVERLY 718 GOPHER WALK WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORD, PAT 717 GOPHER WALK WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVERY, BRUCE 722 GOPHER WALK SANIBEL, FL 33957
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/11/08 Date	Daytime Phone #