

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44222

FILED  
May 14, 2004  
Secretary of State

**Entity Name:** GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5800 GAS PARILLA RD #07  
P.O. BOX 1648  
BOCA GRANDE, FL 33921 US

**New Principal Place of Business:**

375 PARK AVE  
P.O. BOX 1648  
BOCA GRANDE, FL 33921 US

**Current Mailing Address:**

P.O. BOX 1648  
BOCA GRANDE, FL 33921 US

**New Mailing Address:**

FEI Number: 22-3124770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADSEN, THOMAS  
576 ROTONDA CIRCLE  
ROTONDA WEST, FL 33947 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: YOUNG, ROBERT A  
Address: 16501 GULF SHORES DR  
City-St-Zip: BOCA GRANDE, FL 33921

Title: STD ( ) Delete  
Name: ANDERSON, YVONNE  
Address: PO BOX 729  
City-St-Zip: BOCA GRANDE, FL

Title: VP ( ) Delete  
Name: LINDENBAUM, DAVID  
Address: 16221 NORTH ISLAND COURT  
City-St-Zip: BOCA GRANDE, FL 33921

Title: PD ( ) Delete  
Name: WELLS, HAROLD  
Address: PO BOX 1397  
City-St-Zip: BOCA GRANDE, FL 33921

Title: D ( ) Delete  
Name: KUMKLER, WILLIAM  
Address: PO BOX 515  
City-St-Zip: BOCA GRANDE, FL 33921

Title: D ( ) Delete  
Name: RANDALL, LYMAN  
Address: P.O. BOX 1541  
City-St-Zip: BOCA GRANDE, FL 33921

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, JOAN  
Address: P.O. BOX 423  
City-St-Zip: BOCA GRANDE, FL 33921

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PETERSON, JOHN  
Address: 2802 S. 975 EAST  
City-St-Zip: ZIONSVILLE, IN 46077

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: KUMKLER, WILLIAM  
Address: PO BOX 515  
City-St-Zip: BOCA GRANDE, FL 33921

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD WELLS

PD

05/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date