2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90063 027 ****70.00

DOCUMENT # N44222 1. Entity Name GULF SHORES NORTH PROPERTY OWNERS ASSOCIATION, INC.										008 9	0063 (027 ****7	'0.00
Principal Place of Business 3899 CAPE HAZE DR ROTONDA WEST, FL 33947 US Mailing Address P.O.BOX 375 PLACIDA, FL 33946				US			. 400	J4.1	040				
2. Principal F	Place of Business - No P.O. Box #	3. Mailir	ng Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03032008	Chç	g-NP		CR2E	37 (12/06)	
City & State			City & State				4. FEI Numb) <u> </u>			-	pplied For
Zip Country		Zip	Zip Co		ountry		5. Certificat	e of Stat	tus Desir	ed	X	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered	Agent				7. Name an	d Addre	ess of N	ew Reg	gistered	Agent	
BRANDEN	NBERGER, JOHN				Name								
BRANDENBERGER, JOHN 3899 CAPE HAZE DRIVE ROTONDA WEST, FL 33947					Street A	ddress (I	P.O. Box Numl	ber is No	ot Accep	otable)			
					City						FI	Zip Coo	de
8. The above the obligation	named entity submits this statement for tions of registered agent.	or the purpo	se of changing its	register	ed office a	r register	ed agent, or b	oth, in th	ne State	of Florid	da. I am	familiar with	, and accept
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SIGNATURE		· · · · · · · · · · · · · · · · · · ·											
	Signature, typed or printed name of registered agent	and title if applic	able. (NOTE	: Registere	d Agent signa	ure required	when reinstating)				DATE		-
	Filing Fee Is \$61.25 Due by May 1, 2008	and title if applic	9. Election Carr Trust Fund C	npaign F	inancing	ure required	\$5.00 May Added to Fee:	Be s			ke ched	k payable t	
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the buy certify that the information supplied with this filling 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: William C, D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-697-9722

Daytene Phone #

ATTACHMENT 40041848 #N44222

Dedrick, John R. P.O. Box 39 Boca Grande, FL 33921

D Humke, Ramon L. P.O. Box 2028 Boca Grande, FL 33921

P/D Schmiege, Jane P.O. Box 1286 Boca Grande, FL