

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44222

FILED  
Mar 15, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3899 CAPE HAZE DR  
ROTONDA WEST, FL 33947 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 375  
PLACIDA, FL 33946 US

**New Mailing Address:**

**FEI Number:** 22-3124770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRANDENBERGER, JOHN  
3899 CAPE HAZE DRIVE  
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: PD  
Name: REITZ, NEAL  
Address: 212 WILLENGERS PLACE NE  
City-St-Zip: OWATONNA, MN 55060

Title: D  
Name: THOMPSON, ROSS  
Address: PO BOX 375  
City-St-Zip: PLACIDA, FL 33946

Title: D  
Name: HUMKE, RAMON  
Address: 3899 CAPE HAZE DRIVE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: STD  
Name: ANDERSON, YVONNE  
Address: P.O. BOX 729  
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPD  
Name: JENKINS, BARBARA  
Address: 3899 CAPE HAZE DRIVE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: D  
Name: ALEY, G. THOMAS  
Address: P.O. BOX 1122  
City-St-Zip: BOCA GRANDE, FL 33921

I hereby 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 all other like empowered.

SIGNATURE: YVONNE ANDERSON

STD

03/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date