

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000872

FILED
Apr 28, 2008
Secretary of State

Entity Name: GULF COAST SKIMMERS WATER SKI SHOW, INC.

Current Principal Place of Business:

133 PALMETTO DUNES CIRCLE
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

133 PALMETTO DUNES CIRCLE
NAPLES, FL 34113 US

New Mailing Address:

133 PALMETTO DUNES CIRCLE
NAPLES, FL 34113 US

FEI Number: 65-0372444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURSOY, HOLLY M PD
133 PALMETTO DUNES CIRCLE
NAPLES, FL 34113 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 () Delete
Name: GURSOY, HOLLY M P
Address: 133 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113 US

Title: VPD () Delete
Name: GURSOY, KEMAL A VP
Address: 280 W. NAOMI DRIVE
City-St-Zip: NAPLES, FL 34104 US

Title: SD () Delete
Name: GURSOY, JOAN N S
Address: 1035 PETTIT COURT
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: TD () Delete
Name: MOSHER, PHIL TREAS
Address: 2740 FOUNTAIN VIEW CIRCLE APT. 103
City-St-Zip: NAPLES, FL 34109 US

Title: CB () Delete
Name: GURSOY, JOHN V CB
Address: 133 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: MOSHER, PHIL TREAS
Address: 2090 RIVER REACH DRIVE APT.38
City-St-Zip: NAPLES, FL 34104 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HOLLY M. GURSOY

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date