

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002722

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** GULF BREEZE OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

420 2ND ST. S.  
NAPLES, FL 34102

**New Principal Place of Business:**

420 2ND ST S  
NAPLES, FL 34102

**Current Mailing Address:**

745 12TH AVE. S.  
SUITE D  
NAPLES, FL 34102

**New Mailing Address:**

745 12TH AVE S  
AA  
NAPLES, FL 34102

**FEI Number:** 65-0490467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE PROPERTY MGMT  
745 12TH AVE. S.  
SUITE D  
NAPLES, FL 34102 US

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

MOORE PROPERTY MANAGEMENT, LLC  
745 12TH AVE S  
AA  
NAPLES, FL 34102 US

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: GRAHAM NORCOMBE

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: GRINDE, RAY  
Address: 2000 EVERGREEN CT  
City-St-Zip: SAINT PAUL, MN 55113

Title: PD ( ) Delete  
Name: ABBOTT, SALLY  
Address: 420 2ND ST. S., A 101  
City-St-Zip: NAPLES, FL 34102

Title: VPS ( ) Delete  
Name: JENSON, DICK  
Address: 22 WOODLAND RD  
City-St-Zip: EDWINA, MN 554241631

Title: D ( ) Delete  
Name: DENNETT, TONY  
Address: P.O. BOX 2336  
City-St-Zip: NAPLES, FL 341062336

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

Title: VPT (X) Change ( ) Addition  
Name: GRINDE, RAY  
Address: 2000 EVERGREEN CT  
City-St-Zip: SAINT PAUL, MN 55113

Title: P (X) Change ( ) Addition  
Name: ABBOTT, SALLY  
Address: 440 2ND ST S APT A-101  
City-St-Zip: NAPLES, FL 34102

Title: VPS (X) Change ( ) Addition  
Name: BROWN, PAUL F  
Address: 116 EASTERN DR  
City-St-Zip: WETHERSFIELD, CT 06109

Title: VP (X) Change ( ) Addition  
Name: JENSEN, DALE  
Address: 430 2ND ST S  
City-St-Zip: NAPLES, FL 34102

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: SALLY ABBOTT

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date