2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N94000002722

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:

Current Mailing Address:

745 12TH AVE S
AA
NAPLES, FL 34102

New Mailing Address:

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 MANAGEMENT, LLC
745 12TH AVE S
AA
NAPLES, FL 34102 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: VPT ( ) Delete
Name: GRINDE, RAY
Address: 2000 EVERGREEN CT
City-St-Zip: SAINT PAUL, MN 55113

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SALLY ABBOTT P 04/23/2008

Electronic Signature of Signing Officer or Director — Date