

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002722

FILED  
Apr 25, 2012  
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:**

**Current Mailing Address:**

745 12TH AVE S  
AA  
NAPLES, FL 34102

**New Mailing Address:**

5603 NAPLES BLVD.  
NAPLES, FL 34109

**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:**

MOORE PROPERTY MANAGEMENT, LLC  
5603 NAPLES BLVD.  
NAPLES, FL 34109 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:

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: GRINDE, RAY  
Address: 2000 EVERGREEN CT  
City-St-Zip: SAINT PAUL, MN 55113

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

Title: VP  
Name: JENSEN, RICHARD  
Address: 430 2ND ST. S.  
City-St-Zip: NAPLES, FL 34102

Title: S  
Name: BROWN, PAUL  
Address: 420 2ND STREET S UNIT 102  
City-St-Zip: NAPLES, FL 34102

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: SALLY ABBOTT

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04/25/2012

Electronic Signature of Signing Officer or Director

Date