## 2007 NOT-FOR-PROFIT CORPORATION

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

## Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT 04-23-2007 90062 012 \*\*\*\*61.25 **DOCUMENT # N94000002891 GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM** ASSOCIATION I, INC. 4001 4 Principal Place of Business Mailing Address 5401 S KIRKMAN RD STE 450 7625 LITTLE RD STE 315 NEW PORT RICHEY, FL 34654 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 CR2E037 (12/06) Chg-NP 4. FEI Number 59-3323609 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMMUNITY MANAGEMENT PROFESSIONAL WEST, IN Street Address (P.O. Box Number is Not Acceptable) 7625 LITTLE RD STE 315 NEW PORT RICHEY, FL 34654 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Change : Addition ☐ Delete TT D BOWMAN, THOMAS A PD NAME NAME STREET ADDRESS 6035 SEA RANCH DRIVE, #600 STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP IB me PO TITLE ☐ Detete **Change** ☐ Addition WALTHER, PATRICK G TD NAME NAME STREET ADDRESS 6035 SEA RANCH DRIVE, #503 STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-7IP SD TITLE ☐ Delete TITLE Change ☐ Addition BREESE, EDWIN V SD NAME NAME 6035 SEA RANCH DRIVE, #515 STREET ADDRESS STREET ADDRESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

FILED

☐ Change

Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO