2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-22-2008 90024 008 ****61.25
08 MAY 21 PM 3:15

DOCUMENT # N94000002891

1. Entity Name
GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business	Mailing Address
5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819 US	7625 LITTLE RD STE 315 NEW PORT RICHEY, FL 34654

03282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5837 Trouble Creek Rd Suite, Apt. #, etc.	5837 Trouble Creek Rd Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34652 Country: USA	Zip: 34652 Country: USA

4. FEI Number: 59-3323609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMMUNITY MANAGEMENT PROFESSIONAL WEST, IN 7625 LITTLE RD STE 315 NEW PORT RICHEY, FL 34654	Name: Community Management Services, Inc Street Address (P.O. Box Number is Not Acceptable): 5837 Trouble Creek Rd City: New Port Richey FL Zip Code: 34652

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 _____ DATE 4/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOWMAN, THOMAS A PD 6035 SEA RANCH DRIVE, #600 HUDSON, FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tim Martin 6035 Sea Ranch Dr. #806 Hudson, FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALTHER, PATRICK G TD 6035 SEA RANCH DRIVE, #503 HUDSON, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BREESE, EDWIN V SD 6035 SEA RANCH DRIVE, #515 HUDSON, FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 727-816-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/21 aw