

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004151

FILED
Jan 26, 2009
Secretary of State

Entity Name: GULF MANOR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12 GULF MANOR DRIVE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

12 GULF MANOR DRIVE
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 59-6213899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ROBERT L
227 NOKOMIS AVENUE, SOUTH
VENICE, FL 34285 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: VPD () Delete
Name: BARRY, RICHARD
Address: 30 GULF MANOR DR
City-St-Zip: VENICE, FL 34285

Title: PD () Delete
Name: GUDNASON, MARK
Address: 2 GULF MANOR DRIVE
City-St-Zip: VENICE, FL 342852716

Title: D () Delete
Name: RYAN, MARY E
Address: 19 GULF MANOR DRIVE
City-St-Zip: VENICE, FL 342852716

Title: TD () Delete
Name: CAMPOBASSO, JOSEPH
Address: 12 GULF MANOR DRIVE
City-St-Zip: VENICE, FL 342852716

Title: D () Delete
Name: KING, HEUSTON
Address: 20 GULF MANOR DR.
City-St-Zip: VENICE, FL 34285

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: ZACAROLI, TOM
Address: 16 GULF MANOR DRIVE
City-St-Zip: VENICE, FL 34285

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

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

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

Title: D () Change (X) Addition
Name: GUDNASON, MARK
Address: 2 GULF MANOR DRIVE
City-St-Zip: VENICE, FL 34285

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: JOSEPH CAMPOBASSO

TD

01/26/2009

Electronic Signature of Signing Officer or Director

Date