

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90280 045 \*\*\*\*61.25

**DOCUMENT # N95000005756**

1. Entity Name  
GULFCOAST CORPORATE PARK OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
1200 1ST AVE W.  
STE 200  
BRADENTON, FL 34205 US

Mailing Address  
1200 1ST AVE W.  
STE 200  
BRADENTON, FL 34205 US

**60027630**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1055499

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

PORGES, GREGORY J  
111 THIRD AVENUE WEST  
BRADENTON, FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 PD  
NAME MILLER, HUGH D ☐ Delete  
STREET ADDRESS 1001 THIRD AVENUE WEST #350  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1200 1st Ave. W., Suite 200  
CITY-ST-ZIP

TITLE VD  
NAME MILLER, C D ☐ Delete  
STREET ADDRESS 1001 THIRD AVENUE WEST #350  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1200 1st Ave. W., Suite 200  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGH MILLER 2-16-06

Date

(941) 748-3433

Daytime Phone #