

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 06, 2006  
Secretary of State**

DOCUMENT# N97000002512

**Entity Name:** GUMBO LIMBO VILLAS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**636 NE 13TH AVE  
FT. LAUDERDALE, FL 33304 US**New Principal Place of Business:****Current Mailing Address:**636 NE 13TH AVE  
FT. LAUDERDALE, FL 33304 US**New Mailing Address:**

FEI Number: 59-3508668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**JOHNSTON, MARK K  
632 NE 13 AVE.  
FT. LAUDERDALE, FL 33304 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: PD ( ) Delete  
Name: JOHNSTON, MARK  
Address: 632 NE 13TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: TD (X) Delete  
Name: RYAN, DAVID  
Address: 626 NE 13TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: SD ( ) Delete  
Name: POWERS, AMY A  
Address: 628 NE 13TH  
City-St-Zip: FT LAUDERDALE, FL 33330

Title: D ( ) Delete  
Name: QUINTERO, LEONARDO  
Address: 630 NE 13TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete  
Name: PENROD, MICHELE L  
Address: 634 NE 13TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 (X) Change ( ) Addition  
Name: ZINGG, LEONARDO  
Address: 630 NE 13TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33304

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY POWERS

SD

12/06/2006

Electronic Signature of Signing Officer or Director

Date