


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90091 044 ****61.25

DOCUMENT # N98000001712 1. Entity Name THE GONDOLA PARK, SECTION II, ASSOCIATION, INC.					
Principal Place of Business 200 CAPRI ISLES BLVD. VENICE, FL 34293			Mailing Address 2A FOXHILL ROAD CALIFOM, NJ 07830		
2. Principal Place of Business		3. Mailing Address 200 CAPRI ISLES BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #7B			
City & State		City & State VENICE FL		4. FEI Number 65-0941836	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34292		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HILDEBRANDT, WILLIAM A 200 CAPRI ISLES BLVD. VENICE, FL 34293			7. Name and Address of New Registered Agent Name GARY BRANNON CPA Street Address (P.O. Box Number is Not Acceptable) 200 CAPRI ISLES BLVD #7B City VENICE FL Zip Code 34292		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D HILDEBRANDT, WILLIAM 200 CAPRI ISLES BLVD. VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALKER ARTHUR 200 CAPRI ISLES BLVD. # VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSELL, ROBERT 200 CAPRI ISLES BLVD. VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, ADAM 200 CAPRI ISLES BLVD # VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMS, NICHOLAS 200 CAPRI ISLES BLVD. VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNON, GARY 200 CAPRI ISLES BLVD #7B VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Gary Brannon</u> Gary Brannon 3/15/05 941-486-8297 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					