

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003590

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: GULFVIEW POINTE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1010 KENNEDY DR #305  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

5505 N. ATLANTIC AVE.  
SUITE 207  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 65-0896048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZIRILLI & ZIRILLI, PA  
3154 NORTHSIDE DRIVE  
KEY WEST, FL 33040      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: P      ( ) Delete  
Name: ALLISON, JOHN  
Address: 62 FRONT STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VP      ( ) Delete  
Name: RAPHEL, ROBERT  
Address: 2621 GULFVIEW DR.  
City-St-Zip: KEY WEST, FL 33040

Title: D      ( ) Delete  
Name: MAZUREK, ANDREW  
Address: 41 CAMBRIDGE DRIVE  
City-St-Zip: OAKBROOK, IL 60523

Title: S/T      ( ) Delete  
Name: SANDERS, MICHAEL  
Address: 2633 GULFVIEW DR.  
City-St-Zip: KEY WEST, FL 33040

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

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

Title: AL      ( ) Change (X) Addition  
Name: STRICKER, RANDY  
Address: 1010 KENNEDY DRIVE #305  
City-St-Zip: KEY WEST, FL 33040

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: KAREN HEADRICK

AGEN

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date