2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003590

FILED Apr 21, 2010 Secretary of State

Entity Name: GULFVIEW POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1010 KENNEDY DR #305 5505 N. ATLANTIC AVENUE

KEY WEST, FL 33040 SUITE 207

COCOA BEACH, FL 32931 US

Current Mailing Address: New Mailing Address:

5505 N. ATLANTIC AVE. 5505 N. ATLANTIC AVENUE SUITE 207 SUITE 207

COCOA BEACH, FL 32931 SUITE 207

COCOA BEACH, FL 32931 US

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

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

ALLISON, JOHN R III 1010 KENNEDY DRIVE SUITE 302 KEY WEST, FL 33040 US

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

Name: ALLISON, JOHN Address: P.O. BOX 2129

City-St-Zip: KEY WEST, FL 33040 US

Title: VPD

 Name:
 RAPHEL, ROBERT

 Address:
 2621 GULFVIEW DR.

 City-St-Zip:
 KEY WEST, FL 33040 US

Title:

Name: MAZUREK, ANDREW
Address: 2617 GULFVIEW DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: STD

Name: SANDERS, MICHAEL
Address: 2633 GULFVIEW DR.
City-St-Zip: KEY WEST, FL 33040 US

Title:

 Name:
 STRICKER, RANDY

 Address:
 3 DECATUR ISLAND

 City-St-Zip:
 ANACORTES, WA 98221 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN ALLISON PD 04/21/2010