

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000071371**

1. Entity Name  
**GULF COAST BUILDING ASSOCIATION, INC.**



Principal Place of Business  
**3838 TAMiami TRAIL NORTH  
SUITE 410  
NAPLES, FL 34103 US**

Mailing Address  
**1250 TAMiami TRAIL  
STE 101  
NAPLES, FL 34102 US**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0614484**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MINER, BRUCE E  
CAMERON REAL ESTATE SERVICES, INC.  
1250 TAMiami TRAIL NORTH, STE 101  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	BREEN, DOROTHY
STREET ADDRESS	3838 TAMiami TRAIL NO STE 315
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DP
NAME	MILLER, PATRICK
STREET ADDRESS	3838 TAMiami TR NO 2ND FL
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DS
NAME	FELDEN, VICTORIA
STREET ADDRESS	3838 TAMiami TRAIL NORTH SUITE 415
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	KLOHN, WILLIAM
STREET ADDRESS	2180 IMMOKALEE RD, #308
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	DVP
NAME	TIMMINS, CRAIG
STREET ADDRESS	3838 TAMiami TRAIL N STE 401
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000521995  
05/03/06-80012-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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

Date: **3/30/06**

Daytime Phone: **239-403-5004**