

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743389

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**5956473149CC**

**Entity Name:** FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GPM CONDOMINIUM  
1319 MIRAMAR ST 101  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O GPM CONDOMINIUM  
1319 MIRAMAR ST 101  
CAPE CORAL, FL 33904 US

**FEI Number: 59-1115810**

**Certificate of Status Desired: No**

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

STACY, FAITH  
C/O GPM CONDOMINIUM  
1319 MIRAMAR ST 101  
CAPE CORAL, FL 33904 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: FAITH STACY**

**04/17/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SPELLMAN, KEVIN  
Address        C/O GPM CONDOMINIUM  
                  1319 MIRAMAR ST 101  
City-State-Zip: CAPE CORAL FL 33904

Title            DIRECTOR  
Name            VERGIN, JAMES  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            WICKER, DAVID  
Address        C/O GPM CONDOMINIUM  
                  1319 MIRAMAR ST 101  
City-State-Zip: CAPE CORAL FL 33904

Title            TREASURER  
Name            KUHN, KRISTINE  
Address        C/O GPM CONDOMINIUM  
                  1319 MIRAMAR ST 101  
City-State-Zip: CAPE CORAL FL 33904

Title            VP  
Name            FILECCIA, ANNA  
Address        C/O GPM CONDOMINIUM  
                  1319 MIRAMAR ST 101  
City-State-Zip: CAPE CORAL FL 33904

*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: DAVID WICKER**

**S**

**04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date