

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

DOCUMENT# N08716

**Entity Name:** GULF HARBOUR MASTER ASSOCIATION, INC.**Current Principal Place of Business:**15000 MCGREGOR BLVD.  
FORT MYERS, FL 33908**Current Mailing Address:**15751 SAN CARLOS BLVD #8  
FORT MYERS, FL 33908**FEI Number: 59-2579370****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUITOR, MIDDLETON, COX & ASSOCIATES  
15751 SAN CARLOS BLVD #8  
FORT MYERS, FL 33908 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DENNIS, GARY  
Address        1145 VINTAGE CLUB DRIVE  
City-State-Zip: DULUTH GA 30097

Title            SECRETARY  
Name            VAN NAMEE, DAVID  
Address        15751 SAN CARLOS BLVD #8  
City-State-Zip: FORT MYERS FL 33908

Title            TREASURER  
Name            COPE, CHRISTOPHER  
Address        15751 SAN CARLOS BLVD #8  
City-State-Zip: FORT MYERS FL 33908

Title            DIRECTOR  
Name            WILSON, JOHN  
Address        14358 HARBOUR LANDINGS DRIVE  
                  #5B  
City-State-Zip: FORT MYERS FL 33908

Title            VP  
Name            URBAN, DAVID  
Address        15751 SAN CARLOS BLVD #8  
City-State-Zip: FORT MYERS FL 33908

Title            DIRECTOR  
Name            FRIDAY, TONI  
Address        11630 COMPASS POINT DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title            DIRECTOR  
Name            SCHIPHORST, SAM  
Address        14886 CRESCENT COVE DRIVE  
City-State-Zip: FORT MYERS FL 33908

*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: GARY DENNIS****PRESIDENT****04/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date