

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 707324 (0)**

1. Corporation Name

**5400 GULF DRIVE INC A CONDOMINIUM**



Principal Place of Business

**5400 GULF DRIVE  
HOLMES BCH FL 34217  
US**

Mailing Address

**5400 GULF DRIVE  
HOLMES BCH FL 34217  
US**

3. Date Incorporated or Qualified  
**05/20/1964**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1159398**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELLEY, TONI  
5400 GULF DRIVE, #33  
HOLMES BEACH FL 34217**

81 Name  
**William Steacy**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5400 GULF DR. #16**  
83 **Holmes Beach**  
84 City

FL 85 Zip Code  
**34217**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of, Section 617.0509, Florida Statutes.

SIGNATURE **William Steacy**

(NOTE: Registered Agent signature required when reinstating)

DATE **3/12/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHELLEY, TONI	
STREET ADDRESS	5400 GULF DRIVE, #33	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEACY, WILLIAM	
STREET ADDRESS	5400 GULF DR #16	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LINDSAY, ELIZABETH	
STREET ADDRESS	5400 GULF DR #35	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, MARY T.	
STREET ADDRESS	5400 GULF DR #44	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPAULDING, LAURA	
STREET ADDRESS	5400 GULF DR #7	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNDECHEL, ERICH	
STREET ADDRESS	5400 GULF DR #32	
CITY-ST-ZIP	HOLMES BEACH FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YOUNG, DAVID	
1.3 STREET ADDRESS	5400 GULF DR, #15	
1.4 CITY-ST-ZIP	Holmes Beach FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steacy, William	
2.3 STREET ADDRESS	5400 GULF DR, #16	
2.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cadogan, Mary	
3.3 STREET ADDRESS	5400 Gulf Dr., #18	
3.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Spaulding, Laura	
5.3 STREET ADDRESS	5400 Gulf Dr., #7	
5.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William Steacy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/12/96** 778-5930  
Daytime Phone #

CR2E037 (12/95)