


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90031 020 ****61.25

DOCUMENT # 707324					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1159398	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRALL, DALE 5400 GULF DR, #10 HOLMES BEACH FL 34217			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDSAY, ELIZABETH		NAME		
STREET ADDRESS	5400 GULF DRIVE #35		STREET ADDRESS		
CITY - ST - ZIP	HOLMES BEACH FL		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRALL, DALE		NAME		
STREET ADDRESS	5400 GULF DR., #10		STREET ADDRESS		
CITY - ST - ZIP	HOLMES BEACH FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEUR, MARC		NAME		
STREET ADDRESS	5400 GULF DR, #24		STREET ADDRESS		
CITY - ST - ZIP	HOLMES BEACH FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPAULDING, LAURA		NAME		
STREET ADDRESS	5400 GULF DR, #7		STREET ADDRESS		
CITY - ST - ZIP	SALINE MI 48176		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOHLFAHRT, FRED		NAME	D	
STREET ADDRESS	8024 ST ANDREWS VILLAGE DR		STREET ADDRESS	ANTOINETTE SHELLEY	
CITY - ST - ZIP	LOUISVILLE KY 40241		CITY - ST - ZIP	5400 GULF DRIVE # 33	
				HOLMES BEACH, FL 34217	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change
NAME	BRUEWER, MARY		NAME		
STREET ADDRESS	5400 GULF DR #23		STREET ADDRESS		
CITY - ST - ZIP	HOLMES BEACH FL 34217		CITY - ST - ZIP		



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Dale Crall **DALE CRALL** 2/23/04 941 778 2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #