


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90031 003 ****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
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 4301 32nd ST W
 Suite, Apt. #, etc.
 A-20
 City & State
 Bradenton FL
 Zip
 34205
 Country
 USA

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-1159398

Applied For
 Not Applicable

5. Certificate of Status Desired \$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
~~5400 Gulf Dr. CtD Condo. Mgt.~~
 Street Address (P.O. Box Number is Not Acceptable)
 4301 32nd ST W A-20
 City
 Bradenton FL Zip Code
 34205

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 *Mary Law Bruewer*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Mayer, Bob	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, ELIZABETH		NAME		
STREET ADDRESS	5400 GULF DR #35		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORVATH, SHIRLEY		NAME	Mayer, Bob	
STREET ADDRESS	2512 AVE H		STREET ADDRESS	5400 Gulf Drive	
CITY-ST-ZIP	BRADENTON BEACH, FL 34217		CITY-ST-ZIP	Holmesbeach FL 34217	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRANGER, PRISEILLA		NAME	White, Terry	
STREET ADDRESS	5400 GULF DR #6		STREET ADDRESS	5400 Gulf Dr.	
CITY-ST-ZIP	BRADENTON BEACH, FL 34217		CITY-ST-ZIP	Holmesbeach FL 34217	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, JEANNE		NAME		
STREET ADDRESS	11 MAPLE ST		STREET ADDRESS		
CITY-ST-ZIP	BROADALBIN, NY 12025		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLEY, ANTOINETTE		NAME		
STREET ADDRESS	5400 GULF DRIVE # 33		STREET ADDRESS		
CITY-ST-ZIP	HOMES BEACH, FL 34217		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUEWER, MARY		NAME		
STREET ADDRESS	5400 GULF DR #23		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP		

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 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: *Mary Law Bruewer, Pres* 1-12-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #