


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90049 009 \*\*\*\*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 4301 32ND ST. W. A-20 BRADENTON, FL 34205 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5400 GULF DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOLMES BEACH, FL	
Zip	Country	Zip	Country
34217		MANATEE	
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 C & S CONDO MGMT. 4301 32ND ST. W. A-20 BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name DALE CRALL Street Address (P.O. Box Number is Not Acceptable) 5400 GULF DRIVE City HOLMES BEACH, FL Zip Code 34217	
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 DALE CRALL		DATE JAN 15, 2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOYER, BOB 5400 GULF DR #35 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORVATH, SHIRLEY 2512 AVE H BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, TERRY 5400 GULF DR. BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, JEANNE 11 MAPLE ST BROADALBIN, NY 12025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUEWER, MARY 5400 GULF DR #23 HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DALE CRALL 5400 GULF DRIVE #10 HOLMES BEACH, FL 34217-1727 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <del>file</del> empowered.			
SIGNATURE: DALE CRALL Dale Crall		DATE: JAN 15, 2007 941 278 2656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	