


FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722619 (4)

1. Corporation Name
FIFTY GULFSIDE CONDOMINIUM, INC.



Principal Place of Business 50 GULF BLVD. INDIAN ROCKS BCH FL 34635	Mailing Address 50 GULF BLVD. INDIAN ROCKS BCH FL 34635
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3. Date Incorporated or Qualified 02/07/1972	
4. FEI Number 59-1577833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33785 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33785 Country
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9. Name and Address of Current Registered Agent WALDOCK, LOUIS 50 GULF BLVD APT #112 INDIAN ROCKS BEACH FL 33785	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALDOCK, LOUIS 14640 FAIRLANE LIVONIA MI	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD WALDOCK, LOUIS 50 GULF BLVD. APT. #112 INDIAN ROCKS BEACH, FLA 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEISCHER, LOUIS 2522 CRAVEY DR. ATLANTA GA 30345	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISCUS, RONALD 2435 UPLONG DR. W. BLOOMFIELD MI 48324	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD FISCUS, RONALD 3565 PORT COVE UNIT 70 WATERFORD, MICHIGAN 48328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, GINA 1307 ESTATEWOOD DR. BRANDON FL 33510	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSITER, JOSEPH 50 GULF BLVD. APT 113 INDIAN ROCKS BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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: *Ronald Fiscus* **REQUIRED** **2/16/98** **595.6739**

CR2E037 (10/97)