

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90056 038 \*\*\*\*61.25

0066298

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 722619

1. Corporation Name

FIFTY GULFSIDE CONDOMINIUM, INC.

Principal Place of Business

50 GULF BLVD. INDIAN ROCKS BCH FL 33785 US

Mailing Address

50 GULF BLVD. INDIAN ROCKS BCH FL 33785 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/07/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-1577833

Applied For Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country 25

28 Zip Country 29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDOCK, LOUIS 50 GULF BLVD APT #112 INDIAN ROCKS BEACH FL 33785

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [ ] DELETE  
NAME WALDOCK, LOUIS  
STREET ADDRESS 50 GULF BLVD, APT 112  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD [ ] DELETE  
NAME FLEISCHER, LOUIS  
STREET ADDRESS 2522 CRAVEY DR.  
CITY-ST-ZIP ATLANTA GA 30345

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD [ ] DELETE  
NAME FISCUS, RONALD  
STREET ADDRESS 3565 PORT COVE UNIT 70  
CITY-ST-ZIP WATERFORD MI 48328

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP [ ] DELETE  
NAME WELLS, GINA  
STREET ADDRESS 1307 ESTATEWOOD DR.  
CITY-ST-ZIP BRANDON FL 33510

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME ROSSITER, JOSEPH  
STREET ADDRESS 50 GULF BLVD. APT 113  
CITY-ST-ZIP INDIAN ROCKS BEACH FL

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition  
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, with all other like empowered.

SIGNATURE: [Signature] RONALD A. FISCUS 2/22/99 327 5952295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)