FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723481** **(8)**

1. Corporation Name
GULF MARINER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5901 SUN BLVD., SUITE 203 ST PETERSBURG FL 33715	5901 SUN BLVD., SUITE 203 ST PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1972**
3a. Date of Last Report: **03/07/1994**
4. FEI Number: **59-1441559** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NEWTON, WILLIAM, C
% PROFESSIONAL BAYWAY MANAGEMENT
5901 SUN BLVD., SUITE 203
ST PETERSBURG FL 33715

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	SIERRA, OSCAR	1.2 NAME		
STREET ADDRESS	708 W.INDIANA	1.3 STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	VP	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	O'BRIEN, JAMES	2.2 NAME	LUIZZI, ELEANOR	
STREET ADDRESS	17580 GULF BLVD #420	2.3 STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	REDINGTON SHORES FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	S	3.1 TITLE	S/D	☑ Change ☐ Addition
NAME	BUCKLY, SHIRLEY	3.2 NAME		
STREET ADDRESS	17580 GULF BLVD #416	3.3 STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	REDINGTON SHRS, FL 00000	3.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	T	4.1 TITLE	T/D	☑ Change ☐ Addition
NAME	GONZALEZ, RON	4.2 NAME	ROYAK, SHIRLEY	
STREET ADDRESS	5425 WEST CRENSHAW STREET	4.3 STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	NELLIGAN, BOB	5.2 NAME	FORD, LORNA	
STREET ADDRESS	8211 IMPERIAL GOLF COURSE BLVD.	5.3 STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	YORK, RUSTY	6.2 NAME	McCLAIN, DON	
STREET ADDRESS	17580 GULF BLVD #314	6.3 STREET ADDRESS	5901 Sun Blvd., #203	
CITY-ST-ZIP	REDINGTON SHRS FL	6.4 CITY-ST-ZIP	St. Petersburg, FL 33715	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lorna Ford Lorna Ford April 11 95 813-866-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

723481

D
HUNT, WILLIAM
5901 SUN BLVD., #203
ST. PETERSBURG, FL 33715