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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723481**

1. Corporation Name

**GULF MARINER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

5901 SUN BLVD., SUITE 203  
ST PETERSBURG FL 33715

Mailing Address

5901 SUN BLVD., SUITE 203  
ST PETERSBURG FL 33715



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/23/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1441559	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		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 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	VP	1.1 TITLE	P
NAME	BUCKLEY, PIERCE	1.2 NAME	OSCAR SIERRA
STREET ADDRESS	17580 GULF BLVD #416	1.3 STREET ADDRESS	5901 SUN BLVD #203
CITY-ST-ZIP	REDINGTON SHORES FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	S	2.1 TITLE	T
NAME	DALKE, KARL	2.2 NAME	KARL DALKE
STREET ADDRESS	17580 GULF BLVD #216	2.3 STREET ADDRESS	5901 SUN BLVD #203
CITY-ST-ZIP	REDINGTON SHORES FL	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	D	3.1 TITLE	VP
NAME	GREGORY, JAMES	3.2 NAME	RON GONZALEZ
STREET ADDRESS	17580 GULF BLVD #107	3.3 STREET ADDRESS	5901 SUN BLVD #203
CITY-ST-ZIP	REDINGTON SHORES FL	3.4 CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	TD	4.1 TITLE	S
NAME	ROYAK, SHIRLEY	4.2 NAME	HAROLD JOHNSON
STREET ADDRESS	5901 SUN BLVD., #203	4.3 STREET ADDRESS	5901 SUN BLVD #203
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	D	5.1 TITLE	D
NAME	JONES, GARY	5.2 NAME	FRANK ALLISON
STREET ADDRESS	17580 GULF BLVD #109	5.3 STREET ADDRESS	5901 SUN BLVD #203
CITY-ST-ZIP	REDINGTON SHORES FL	5.4 CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	P	6.1 TITLE	D
NAME	MCLAIN, DON	6.2 NAME	GEORGE CAKOUROS
STREET ADDRESS	5901 SUN BLVD., STE 203	6.3 STREET ADDRESS	5901 SUN BLVD #203
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	ST PETERSBURG FL 33715

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: OSCAR SIERRA 3-1-99 813-977-8223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)