

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728504 (2)
 1. Corporation Name
GULF SHORES ASSOCIATION, INC.



Principal Place of Business 18650 GULF BLVD..#215 INDIAN SHORES FL 34635	Mailing Address 18650 GULF BLVD..#215 INDIAN SHORES FL 34635
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3. Date Incorporated or Qualified 12/26/1973	3a. Date of Last Report 04/12/1995
4. FEI Number 59-1547832	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

YOST, SAM
 18650 GULF BLVD., APT. 215
 INDIAN SHORES FL 34635

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
500001765575
 83 -04/02/96--01008--002
*****61.25**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	O'BRIEN, CLAUDE <input checked="" type="checkbox"/> DELETE	1.1 TITLE V. PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, CLAUDE	1.2 NAME
STREET ADDRESS	P.O. BOX 280403 N/A	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP
TITLE	TRES <input type="checkbox"/> DELETE	2.1 TITLE
NAME	MONTGOMERY, THOMAS	2.2 NAME
STREET ADDRESS	18650 GULF BLVD #308	2.3 STREET ADDRESS
CITY-ST-ZIP	INDIAN SHORES FL	2.4 CITY-ST-ZIP
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE
NAME	CARANANTE, VINCE	3.2 NAME
STREET ADDRESS	516 ELSERENO PL #137	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP
TITLE	SECD <input type="checkbox"/> DELETE	4.1 TITLE
NAME	BAJO, GENI	4.2 NAME
STREET ADDRESS	2123 W BUFFALO AVE	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE
NAME	BRUCE, SHIRLEY	5.2 NAME
STREET ADDRESS	18650 GULF BLVD., #507	5.3 STREET ADDRESS
CITY-ST-ZIP	INDIAN SHORES FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

O'Brien, Claude
 P.O. Box 280403 N/A TAMPA FL

TRES, Montgomery, Thomas
 18650 Gulf Blvd. 308 INDIAN SHORES FL.

PRES. Caranante, Vince
 516 Elsereno PL. #137 Tampa FL.

SECD Bajo, Geni
 2123 W. Buffalo Ave. Tampa FL.

D. Bruce, Shirley
 18650 Gulf Blvd. #507 INDIAN SHORES FL

Call 4-1-96

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)(k), 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: *Thomas Montgomery* Treasurer. *March 25, 1996* 813-595-3249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)