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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33785-2003

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

3. Date Incorporated or Qualified: 12/26/1973
3a. Date of Last Report: 04/01/1996
4. FEI Number: 59-1547832 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: LEON HENDERSON #614
82 Street Address (P.O. Box Number is Not Acceptable): 18650 Gulf Blvd.
83
84 City: Indian Shores FL 85 Zip Code: 33785

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: LEON HENDERSON *Leon Henderson* Nov. 5 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP O'BRIEN, CLAUDE P.O. BOX 280403 N/A TAMPA FL	1.1 TITLE	V.P. Marlene Evans #506 18650 Gulf Blvd. Indian Shores FL 33785
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	T MONTGOMERY, THOMAS 18650 GULF BLVD #308 INDIAN SHORES FL	2.1 TITLE	T Leon Henderson #614 18650 Gulf Blvd. Indian Shores FL 33785
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	P CARANANTE, VINCE 516 ELSERENO PL #137 TAMPA FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SD BAJO, GENI 2123 W BUFFALO AVE TAMPA FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D BRUCE, SHIRLEY 18650 GULF BLVD., #507 INDIAN SHORES FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Leon Henderson* REQUIRED LEON HENDERSON 4-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062291

CR2E037 (9/96)