


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34635
---	---

3. Date Incorporated or Qualified 12/26/1973	
4. FEI Number 59-1547832	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HENDERSON, LEON
18650 GULF BLVD.
APT. 614
INDIAN SHORES FL 34635**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, MARLINE	1.2 NAME	EVANS, MARLINE
STREET ADDRESS	18650 GULF BLVD, #506	1.3 STREET ADDRESS	18650 GULF BLVD #506
CITY-ST-ZIP	INDIAN SHORES FL	1.4 CITY-ST-ZIP	INDIAN SHORES, FL
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, LEON	2.2 NAME	HENDERSON, LEON
STREET ADDRESS	18650 GULF BLVD, #614	2.3 STREET ADDRESS	18650 GULF BLVD #614
CITY-ST-ZIP	INDIAN SHORES FL	2.4 CITY-ST-ZIP	INDIAN SHORES, FL
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARANANTE, VINCE	3.2 NAME	CARLENA BRASWELL
STREET ADDRESS	516 EL SERENO PL #137	3.3 STREET ADDRESS	18650 GULF BLVD, # 705
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	INDIAN SHORES, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAJO, GENI	4.2 NAME	GRETA JFFLAND
STREET ADDRESS	2123 W BUFFALO AVE	4.3 STREET ADDRESS	18650 GULF BLVD, #609
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	INDIAN SHORES, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE, SHIRLEY	5.2 NAME	LYDIA CARTAYA
STREET ADDRESS	18650 GULF BLVD., #507	5.3 STREET ADDRESS	18650 GULF BLVD # 316
CITY-ST-ZIP	INDIAN SHORES FL	5.4 CITY-ST-ZIP	INDIAN SHORES, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Marlene Evans* 3/28/98 813-9795832

CP2E037 (10/97)