

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90011 039 \*\*\*\*61.25

**DOCUMENT # 728504**

1. Entity 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

2. Principal Place of Business

~~18650~~ **5530 1st Ave. No.**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 47068**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ST. Petersburg FL.**

City & State

**ST. Petersburg FL.**

4. FEI Number

**59-1547832**

Applied For

Not Applicable

Zip

**33710**

Country

**FL.**

Zip

**33743-7068**

Country

**FL.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**EVANS, MARLENE**  
**18650 GULF BLVD.**  
**APT 506**  
**INDIAN ROCKS BEACH FL 33785**

7. Name and Address of New Registered Agent

Name **Debra Lisheid**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5530 1st Ave. No.**  
 City **ST. Petersburg** **FL** Zip Code **33710**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>EVANS, MARLENE</b> <b>18650 GULF BLVD, #506</b> <b>INDIAN SHORES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HENDERSON, LEON</b> <b>18650 GULF BLVD, #614</b> <b>INDIAN SHORES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRASWELL, CARLENA</b> <b>18650 GULF BLVD #705</b> <b>INDIAN SHORES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>IFFLAND, GRETA</b> <b>18650 GULF BLVD, #609</b> <b>INDIAN SHORES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRUCE, SHIRLEY</b> <b>18650 GULF BLVD #505</b> <b>INDIAN SHORES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Yolanda Duran</b> <b>18650 Gulf Blvd. # 612</b> <b>Indian Shores Fl, 33785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Bruce Myers</b> <b>18650 Gulf Blvd. #312</b> <b>Indian Shores Fl. 33785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>James Connors</b> <b>18650 Gulf Blvd. # 107</b> <b>Indian Shores Fl. 33785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Barb Cantero</b> <b>18650 Gulf Blvd. # 405</b> <b>Indian Shores Fl. 33785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jerry Decorato</b> <b>18650 Gulf Blvd. # 302</b> <b>Indian Shores Fl. 33785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E037 (5/01)