

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-15-2002 90111 024 ****61.25

DOCUMENT # 728504

1. Entity Name

GULF SHORES ASSOCIATION, INC.

Principal Place of Business

**5530 1ST AVENUE NORTH
 SAINT PETERSBURG FL 33710**

Mailing Address

**P.O. BOX 47068
 ST PETERSBURG FL 33743**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1547832**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LISHEID, DEBRA
 5530 1ST AVENUE NORTH
 SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	TD DURAN, YOLANDA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	18650 GULF BLVD, #612 INDIAN SHORES FL 33785	
TITLE NAME	VP MYERS, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	18650 GULF BLVD, #312 INDIAN SHORES FL 33785	
TITLE NAME	P CONNORS, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	18650 GULF BLVD, #107 INDIAN SHORES FL 33785	
TITLE NAME	SD CANTERO, BARB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	18650 GULF BLVD, #405 INDIAN SHORES FL 33785	
TITLE NAME	D DECORATO, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	18650 GULF BLVD, #302 INDIAN SHORES FL 33785	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E037 (9/01)

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #