


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90178 008 ****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
5444 Park Blvd.

Suite, Apt. #, etc.
#101

City & State
Pinellas Park FL

Zip
33781

Country
Pinellas

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**WELTON, RONALD D
5530 1ST AVENUE NORTH
SAINT PETERSBURG FL 33710**

4. FEI Number
59-1547832

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5444 Park Blvd.

City
Pinellas Park

State
FL

Zip Code
33781

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, YOLANDA		NAME		
STREET ADDRESS	18650 GULF BLVD, #612		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTERO, JONGE		NAME		
STREET ADDRESS	18650 GULF BLVD #510		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECORATO, JERRY		NAME		
STREET ADDRESS	18650 GULF BLVD, #302		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FRANK		NAME		
STREET ADDRESS	1204 BLOOMINGDALE AVE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LIMIA		NAME		
STREET ADDRESS	18650 GULF BLVD #603		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Yolanda Duran Yolanda Duran 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #