

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90119 032 ****61.25

DOCUMENT # 740000

1. Entity Name

GULF BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business

**930 BEN FRANKLIN DRIVE
SARASOTA FL 34236**

Mailing Address

**PO BOX 3319
SARASOTA FL 34230
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1886426**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, RONELL
500 HORNBLOWER LANE
LONGBOAT KEY FL 34228**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** Delete
NAME **SALATIND, WILLIAM**
STREET ADDRESS **738 FOREST AVE**
CITY-ST-ZIP **LARCHMONT NY 10538**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **MOORE, GLORIA**
STREET ADDRESS **43 NORTH ROAD**
CITY-ST-ZIP **BEDFORD MA 01730**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BOWYER, MATHEW**
STREET ADDRESS **3905 RAILROAD AVE., STE 103-S**
CITY-ST-ZIP **FAIRFAX VA**

TITLE Change Addition
NAME **Paul G Reed**
STREET ADDRESS **6924 New Albany Rd E**
CITY-ST-ZIP **New Albany, OH 43054**

TITLE **PD** Delete
NAME **JONES, RONELL**
STREET ADDRESS **500 HORNBLOWER LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **WILSON, ROBERT T**
STREET ADDRESS **69 SHELLRIDGE DR**
CITY-ST-ZIP **EAST AMHERST NY 14051**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]*

CR2E037 (10/02)