

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:45

DOCUMENT # **742988** (9)

1. Corporation Name
GULF HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O JAMES L BOWLDS
255 EMMA CT
MT. WASHINGTON KY 40047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1978** 3a. Date of Last Report **04/01/1994**
4. FEI Number **65-0037523** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 ~~255~~ **4120 BELAIR LN** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **NAPLES FL** 28
Zip Country Zip Country
24 **33940** 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ELDER, GERTRUDE
4120 BELAIR LANE #104
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	SFB PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLDS, JAMES L.	12 NAME	ELDER, GERT
STREET ADDRESS	255 EMMA CT	13 STREET ADDRESS	4120 BELAIR LN
CITY - ST - ZIP	MT. WASHINGTON KY	14 CITY - ST - ZIP	NAPLES FL 33940
TITLE	STD	21 TITLE	SFB STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, GERT	22 NAME	JAMES L. BOWLDS
STREET ADDRESS	4120 BELAIR LN	23 STREET ADDRESS	255 EMMA CT
CITY - ST - ZIP	NAPLES FL	24 CITY - ST - ZIP	MT WASHINGTON KY 40047
TITLE	D	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, WILLIAM	32 NAME	MELVILLE MORROW
STREET ADDRESS	4120 BELAIR LN #204	33 STREET ADDRESS	4120 BELAIR LN
CITY - ST - ZIP	NAPLES FL	34 CITY - ST - ZIP	NAPLES FL 33940
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: James Bowlde JAMES BOWLDS 04 APRIL 502 538 7712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #