

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **742988 (9)**
1. Corporation Name
GULF HEIGHTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4120 BELAIR LN
235 EMMA CT
NAPLES FL 33940
US**

Mailing Address: **C/O JAMES L. BOWLDS
255 EMMA CT
MT. WASHINGTON KY 40047**

3. Date incorporated or Qualified: **05/24/1978**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number: **65-0037523**
Applied For: Not Applicable

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

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

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: **LESTER OST**
82 Street Address (P.O. Box Number is Not Acceptable): **4120 BELAIR LANE # 203**
83
84 City: **NAPLES** FL 85 Zip Code: **33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **Lester Ost** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: **15 APRIL 96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELDER, GERT	
STREET ADDRESS	4120 BELAIR LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOWLDS, JAMES L	
STREET ADDRESS	255 EMMA CT	
CITY-ST-ZIP	MT WASHINGTON KY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORROW, MELVILLE	
STREET ADDRESS	4120 BELAIR LN	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLIFFORD HUBBES	
1.3 STREET ADDRESS	P.O. Box 1775	
1.4 CITY-ST-ZIP	MEREDITH NH 03253	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	40047	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDWARD SCHENTZEL	
3.3 STREET ADDRESS	4605 W. WOODLAND ROAD	
3.4 CITY-ST-ZIP	EDINA, MN 55424	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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 L. Bowlds** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **15 APRIL 96**
DAYTIME PHONE #: **502-538-7712**

CR2E037 (12/95)