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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 4120 BELAIR LN, 255 EMMA CT, NAPLES FL 33940 US
Mailing Address: C/O JAMES L. BOWLDS, 255 EMMA CT, MT. WASHINGTON KY 40047-7163

3. Date Incorporated or Qualified: 05/24/1978
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business: 21 # 4120 Belair Lane, 22 Suite, Apt. #, etc. 201, 23 City & State Naples, Fl. 34103, 24 Zip 34103, 25 Country Collier
2a. Mailing Address: 26 4120 Belair Lane, 27 Suite, Apt. #, etc. 201, 28 City & State Naples, Fl. 34103, 29 Zip 34103, 30 Country USA

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: LESTER OST, 4120 BELAIR LANE #203, 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, 85 Zip Code FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CLIFFORD HUGHES	1.1 TITLE	D Arnold Thompson
NAME	P.O. BOX 1775	1.2 NAME	1101 Western Ave,
STREET ADDRESS	MEREDITH NH	1.3 STREET ADDRESS	Albany, N.Y. 12203
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD BOWLDS, JAMES L	2.1 TITLE	
NAME	255 EMMA CT	2.2 NAME	
STREET ADDRESS	MT WASHINGTON KY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD EDWARD SCHENTZEL	3.1 TITLE	
NAME	4805 W. WOODLAND ROAD	3.2 NAME	
STREET ADDRESS	EDINA MN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Edward Schentzel 3/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)

941-263-1066