


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

**APPROVED
AND
FILED**

95 APR 24 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra U. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744857 (4)

1. Corporation Name
GULFBORT SHORES ADULT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5901 SUN BLVD., STE. 203 ST PETERSBURG FL 33715	Mailing Address 5901 SUN BLVD., STE. 203 ST PETERSBURG FL 33715
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1978	3a. Date of Last Report 02/01/1994
4. FBI Number 59-1971271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NEWTON, WILLIAM
5901 SUN BLVD., STE. 203
ST PETERSBURG FL 33715**

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	WHITMAN, LUCILLE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 45TH ST. SOUTH	1.2 NAME WHITMAN, ROGER	
STREET ADDRESS	ST PETERSBURG FL	1.3 STREET ADDRESS 5901 Sun Blvd., #203	
CITY - ST - ZIP		1.4 CITY - ST - ZIP St. Petersburg, FL 33715	
TITLE SGD	BAXTER, DOUG	2.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 45TH ST., SOUTH	2.2 NAME LOGIE, ANNE	
STREET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS 5901 Sun Blvd., #203	
CITY - ST - ZIP		2.4 CITY - ST - ZIP St. Petersburg, FL 33715	
TITLE SD	HOFMANN, JOE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 45TH ST., SOUTH	3.2 NAME 5901 Sun Blvd., #203	
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS St. Petersburg, FL 33715	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE DV	MANGANARO, BOB	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 45TH ST., SOUTH	4.2 NAME 5901 Sun Blvd., #203	
STREET ADDRESS	ST. PETERSBURG FL	4.3 STREET ADDRESS St. Petersburg, FL 33715	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE DT	ROTH, DON	5.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 45TH ST., SOUTH	5.2 NAME 5901 Sun Blvd., #203	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS St. Petersburg, FL 33715	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-866-3115