

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90048 014 ****61.25

DOCUMENT # 744857

1. Entity Name

**GULFPORT SHORES ADULT CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

5901 SUN BLVD., STE. 203
 ST PETERSBURG FL 33715

5901 SUN BLVD., STE. 203
 ST PETERSBURG FL 33715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1971271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWTON, WILLIAM
 3901 SUN BLVD., STE. 203**

ST PETERSBURG FL 33715

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BAXTER, PAULETTE	
STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	TRS	<input type="checkbox"/> Delete
NAME	CADY, LARRY	
STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANGANARO, BOB	
STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOVAK, HARRY	
STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAXTER, DOUG	
STREET ADDRESS	5901 SUN BLVD, #203	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert (Bob) Manganaro

1/24/02

727/323-3697

CR2E037 (9/01)