

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744857

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: GULFPORT SHORES ADULT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-1971271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: BAXTER, PAULETTE  
Address: 5901 SUN BLVD., #203  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: TRS            ( ) Delete  
Name: CADY, LARRY  
Address: 5901 SUN BLVD., #203  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: P            ( ) Delete  
Name: MANGANARO, BOB  
Address: 5901 SUN BLVD., #203  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VP            ( ) Delete  
Name: NOVAK, HARRY  
Address: 5901 SUN BLVD., #203  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D            ( ) Delete  
Name: BAXTER, DOUG  
Address: 5901 SUN BLVD., #203  
City-St-Zip: ST. PETERSBURG, FL 33715

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB MANGANARO

MR

01/06/2004

Electronic Signature of Signing Officer or Director

Date