

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2004
Secretary of State**

DOCUMENT# 747195

Entity Name: GULF VIEW ASSOCIATION, INC.

Current Principal Place of Business:

104 GULF DR. S.
#105
BRADENTON BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25
SUITE 1
LONGBOAT KEY, FL 34228 US

New Mailing Address:

P.O. BOX 25
LONGBOAT KEY, FL 34228 US

FEI Number: 59-1982515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMELLIA PROPERTIES
1800 GULF DR NORTH
BRADENTON BEACH, FL 34217 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: PD () Delete
Name: PARLA, JAMES
Address: 104 GULF DR S #105
City-St-Zip: BRADENTON BEACH, FL 34217

Title: VPD () Delete
Name: TAETLE, SHIRLEY
Address: 9556 WINGHESTER AVE
City-St-Zip: CHICAGO, IL 60643

Title: TD () Delete
Name: SMALL, NORMAN
Address: 20 CASARENA
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: ZORN, DAVID
Address: 104 GULF DR S #201
City-St-Zip: BRADENTON BEACH, FL 34217

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES PARLA

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date