


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90073 050 ****61.25

DOCUMENT # 747195

1. Entity Name
GULF VIEW ASSOCIATION, INC.



Principal Place of Business
**104 GULF DR. S.
#205
BRADENTON BEACH FL 34217**

Mailing Address
~~55000 MARINA DR
SUITE 1~~
**HOLMES BEACH FL 34217
US**

2. Principal Place of Business
**104 Gulf Dr S.
Suite, Apt. #, etc.
#105**

3. Mailing Address
**P.O. Box 25
Suite, Apt. #, etc.**

City & State
Bradenton Beach, FL


City & State
Longboat Key FL

Zip
34217

Country
USA

Zip
34228

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1982515** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BUCHAN, ROBERT
104 GULF DRIVE SOUTH, #205
BRADENTON BEACH FL 34217**

7. Name and Address of New Registered Agent
Name **Camellia Properties**
Street Address (P.O. Box Number is Not Acceptable)
1800 Gulf Drive North
City **Bradenton Beach** FL Zip Code **34217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patti L Talley* DATE 3-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLA, JAMES PARLA 104 GULF DR S #105 BRADENTON BEACH FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUCHAN, ROBERT 104 GULF DR. S. #205 BRADENTON BCH. FL 34217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIPLE, SHIRLEY TACTLE 9556 WINGHESTER AVE CHICAGO IL 60643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMALL, NORMAN 20 CASARENA WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parla, James	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TACTLE, SHIRLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD David Zorn 104 Gulf Dr. S. #201 Bradenton Beach, FL 34217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIG Patti Talley* *REC JAMES PARLA JR.* 3-11-03 732 671 2095

CR2E037 (10/02)