3-27-95 B 437XC

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:41

DOCUMENT # 766911 (2)

1. Corporation Name

GULL AIRE VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
151 B GULL AIRE BLVD OLDSMAR FL 34677	625 PELICAN DR S OLDSMAR FL 34677 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2252029 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes ☐ No ☒

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BUCKNER, WILLIAM, L
3058 TALL PINE DR
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BUCKNER, WILLIAM	12 NAME		
STREET ADDRESS	3038 TALL PINE DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, JAMES	22 NAME		
STREET ADDRESS	1705 INDIAN ROCKS ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	QUEEN, GARY	32 NAME		
STREET ADDRESS	2755 QUAIL HOLLOW	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	~~BOOTH, DON~~	42 NAME	Henry Smalley	
STREET ADDRESS	~~377 PEACEFUL COURT~~	43 STREET ADDRESS	267 Pelican Dr. N.	
CITY-ST-ZIP	OLDSMAR FL	44 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	~~HEMMES, JAMES~~	52 NAME	John Farmer	
STREET ADDRESS	~~136 DOLPHIN DRIVE S~~	53 STREET ADDRESS	264 Pelican Dr. N.	
CITY-ST-ZIP	OLDSMAR FL	54 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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: _____ William L. Buckner 3/21/95 813/787-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068010