

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **766911** (2)
1. Corporation Name

GULL AIRE VILLAGE ASSOCIATION, INC.



Principal Place of Business 151 B GULL AIRE BLVD OLDSMAR FL 34677	Mailing Address 610 COBIA WAY OLDSMAR FL 34677-2439 US
---	--

3. Date Incorporated or Qualified **02/09/1983** 3a. Date of Last Report **03/29/1996**

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

4. FEI Number **59-2252029** Applied For ☐ Not Applicable ☐

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

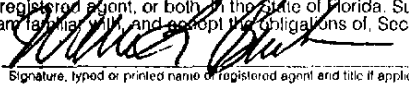
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

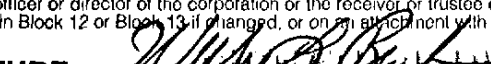
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **4-8-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	BUCKNER, WILLIAM
STREET ADDRESS	3038 TALL PINE DRIVE
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	VD ☐ DELETE
NAME	SCHWARTZ, JAMES
STREET ADDRESS	1705 INDIAN ROCKS ROAD
CITY-ST-ZIP	BELLEAIR FL
TITLE	SD ☐ DELETE
NAME	QUEEN, GARY
STREET ADDRESS	2755 QUAIL HOLLOW
CITY-ST-ZIP	CLEARWATER FL
TITLE	D ☐ DELETE
NAME	SMALLEY, HENRY
STREET ADDRESS	267 PELICAN DR., N
CITY-ST-ZIP	OLDSMAR FL
TITLE	D ☐ DELETE
NAME	FARMER, JOHN
STREET ADDRESS	284 PELICAN DR., N
CITY-ST-ZIP	OLDSMAR FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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  DATE **4-8-97** **VIR 007-2241**

CR2E037 (9/96)