2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# 766911

Entity Name: GULL AIRE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

151 B GULL AIRE BLVD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

610 COBIA WAY
OLDSMAR, FL 34677 US

New Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

FEI Number: 59-2252029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

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: MAUREEN C. REARDON 04/16/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUCKNER, WILLIAM,
Address: 3038 TALL PINE DRIVE
City-St-Zip: SAFETY HARBOR, FL

Title: VP ( ) Delete
Name: QUEEN, GARY
Address: 2755 QUAIL HOLLOW
City-St-Zip: CLEARWATER, FL

Title: SD ( ) Delete
Name: QUEEN, FRENCH
Address: 3176 MESPAS DRIVE
City-St-Zip: CLEARWATER, FL 33261

Title: D ( ) Delete
Name: SEXTON, LIERSON
Address: 16 PELICAN DR N
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Delete
Name: TESTER, ANNE
Address: 258 PELICAN DR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHWIERKING, ROBERT
Address: 622 PELICAN DR. S.
City-St-Zip: OLDSMAR, FL 34677

Title: VP (X) Change ( ) Addition
Name: WOULFE, JOHN
Address: 495 LAKE WAY
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change ( ) Addition
Name: BURRIGHT, PERRY
Address: 84 PELICAN DR. N.
City-St-Zip: OLDSMAR, FL 34677

Title: TD (X) Change ( ) Addition
Name: KAIGHN, JOHN
Address: 266 PELICAN DR. N.
City-St-Zip: OLDSMAR, FL 34677

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: ROBERT SCHWIERKING PD 04/16/2003
Electronic Signature of Signing Officer or Director Date