

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 12:05

DOCUMENT # N25114 (2)
1. Corporation Name
GULF FRONT LAGOON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business %PROGRESSIVE MGMT. 2753 STATE RD. 580 #207 CLEARWATER FL 34621-3345	Mailing Address %PROGRESSIVE MGMT. 2753 STATE RD. 580 #207 CLEARWATER FL 34621-3345
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1988	3a. Date of Last Report 03/04/1994
4. FEI Number 59-2880310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**REARDON, MAUREEN C. CPM
C/O PROGRESSIVE MGMT., INC
2753 STATE RD 580, STE 207
CLEARWATER FL 34621**

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	NALL, RICK
STREET ADDRESS	504 S FLORIDA AVE, #235
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	FD
NAME	DYKSTAL, HENRY
STREET ADDRESS	502 S FLORIDA AVE, #114
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	FD
NAME	POTRYKUS, CHRIS
STREET ADDRESS	502 SOUTH FLORIDA AVE #124
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	VD
NAME	CAPOZZI, ROBERT
STREET ADDRESS	502 SOUTH FLORIDA AVE #142
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	D
NAME	RUMMEL, BUZ
STREET ADDRESS	5401 CENTRAL AVE
CITY - ST - ZIP	ST-PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOILES, EARLE
1.3 STREET ADDRESS	504 S. FLORIDA AVE #245
1.4 CITY - ST - ZIP	TARPON SPRINGS FL 34689
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ESPOSITO, BEN
5.3 STREET ADDRESS	504 S. FLORIDA AVE #224
5.4 CITY - ST - ZIP	TARPON SPRINGS FL 34689
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report as an attachment with an address.

SIGNATURE: *Henry A. Dykstal* **HENRY A. DYKSTAL** 2/3/95 893-942-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)