

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90032 047 ****61.25

DOCUMENT # N25114

1. Entity Name

GULF FRONT LAGOON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**%PROGRESSIVE MGMT.
 2753 STATE RD. 580 #207
 CLEARWATER FL 33761
 US**

**%PROGRESSIVE MGMT.
 2753 STATE RD. 580 #207
 CLEARWATER FL 33761-3345
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2880310

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REARDON, MAUREEN C. CPM
 C/O PROGRESSIVE MGMT., INC
 2753 STATE RD 580, STE 207
 CLEARWATER FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **SD** Delete
 NAME: **MOILES, EARLE**
 STREET ADDRESS: **504 S. FLORIDA AVE. #245**
 CITY-ST-ZIP: **TARPON SPRINGS FL**

TITLE: **PD** Delete
 NAME: **DYKSTAL, HENRY**
 STREET ADDRESS: **502 S FLORIDA AVE. #114**
 CITY-ST-ZIP: **TARPON SPRINGS FL**

TITLE: **D** Delete
 NAME: **FORCELLA, DONNA**
 STREET ADDRESS: **504 S FLA AVE 212**
 CITY-ST-ZIP: **TARPON SPRINGS FL 34689**

TITLE: **VD** Delete
 NAME: **CAPOZZI, ROBERT**
 STREET ADDRESS: **502 SOUTH FLORIDA AVE #142**
 CITY-ST-ZIP: **TARPON SPRINGS FL**

TITLE: **TD** Delete
 NAME: **ESPOSITO, BEN**
 STREET ADDRESS: **504 S. FLORIDA AVE. #224**
 CITY-ST-ZIP: **TARPON SPRINGS FL**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Change Addition
 NAME: **ANNAS, THOMAS**
 STREET ADDRESS: **504 S. FLORIDA AVE #223**
 CITY-ST-ZIP: **TARPON SPRINGS FL 34689**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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:

Henry Dykstal
HENRY DYKSTAL
 President 1/12/00 727-842-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #