

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005512 (5)
1. Corporation Name
GULF WINDS II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1001 SOUTH MYRTLE AVENUE SUITE 7 CLEARWATER FL 33756	Mailing Address 1001 SOUTH MYRTLE AVENUE SUITE 7 CLEARWATER FL 33756
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3. Date Incorporated or Qualified 09/29/1997	Applied For Not Applicable
4. FEI Number 59-3470234	
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2314 First Street	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Indian Rocks Beach	City & State 28
Zip 24 33785	Country 25 USA
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

**PAGE, JOHN C
1001 SOUTH MYRTLE AVENUE
SUITE 7
CLEARWATER FL 33756**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	PAGE, JOHN C	
STREET ADDRESS	1001 SOUTH MYRTLE AVENUE, #7	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DUVAL, GILLIAN	
STREET ADDRESS	2314 FIRST STREET, #2	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PAGE, HELOISE	
STREET ADDRESS	2314 FIRST STREET, #3	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2314 First St. #1 (unit # change only)
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *[Signature]* **JOHN C. PAGE** 3/1/98 813-443-3444

CR2E037 (10/97)