


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90187 009 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000005512</b>					
1. Corporation Name <b>GULF WINDS II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2314 FIRST STREET INDIAN ROCKS BEACH FL 33785 US</b>			Mailing Address <b>1001 SOUTH MYRTLE AVENUE SUITE 7 CLEARWATER FL 33756</b>		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/29/1997</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3470234</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29 30	

9. Name and Address of Current Registered Agent <b>PAGE, JOHN C 1001 SOUTH MYRTLE AVENUE SUITE 7 CLEARWATER FL 33756</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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		Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 checked="" 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 ST #1			
CITY-ST-ZIP		INDIAN ROCKS BEACH FL 33785			
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