FILE NOW: FILING FEE IS \$61.25

NONPROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700005512

1. Corporation Name

GULF WINDS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	
2314 FIRST STREET INDIAN ROCKS BEACH FL 33785	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

1001 SOUTH MYRTLE AVENUE

SUITE 7

26

CLEARWATER FL 33756

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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

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

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

09/29/1997

59-3470234

4. FEI Nu nber

23		28					Fee Required	
Zip	Country	Zip		Соц	intry		6. Election Campaign Financing \$5.00 May Be	
24	25	29		30			Trust Fund Contribution Added to Fees	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	
					81	Name		
PAGE, JO	HN C				82	Street	Address (P.O. Box Number is Not Acceptable)	
	ITH MYRTLE AVENUE				Ш			
SUITE 7					83			
	TER FL 33756				84	City	85 Zip Code	
							FL 1 1 1 1 1 1 1 1 1	
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 cirectors. 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 na ne of registered agent a	nd title if conlicable	/NOT :	Panistared	Agent	signature r	required when reinstating) DATE	
12.	OFFICERS AND		(NOT :	13.	- Hail	- Summing I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12	
TITLE	PSTD		DELETE	1.1 TI	TLE		☐ Change ☐ Addition	
NAME	PAGE, JOHN C			1.2 N/	ME.	;		
	1001 SOUTH MYRTLE AVENUE,	¥ 7		1.3 \$7	REET	ADORESS	;	
CITY-ST-ZiP	CLEARWATER FL 33756	•		1.4 CI	TY-ST	-ZIP		
TITLE	VPD		DELETE	2.1 Ti			Change Addition	
NAME	DUVAL, GILLIAN	/	1	2.2 N	ME.			
	2314 FIRST STREET, #2			2.3 S1	REET	ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785			2.4 C	my-st	-ZIP		
TITLE	VPD		DELETE	3.1 TI	TLE		☐ Change ☐ Addition	
NAME	PAGE, HELOISE			3.2 N	AME			
STREET ADDRESS				3.3 S	REET.	ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785			3.4. C	ITY-ST	ZIP		
TITLE			OELETE	4.1 TI			Vice Pres & Director ☐ Change XX Addition	
NAME				4. 2 N	AME	,	Sarah J. Kennedy	
STREET ADDRESS	ĺ			4.3 S1	REET	ADDRESS	1 224 4 74 4 74 74 74	
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP	Indian Rocks Beach, FL 33785	
TITLE			DELETE	5.1 TI	TLE		Vice Pres. & Director Change Addition	
NAME]			5.2 N	AME		Mary Birmingham	
STREET ADDRESS				5.3 S	REET.	address	1 6647 - 1 1 2 2 1 4 6	
CITY-ST-ZIP				5.4 CI	TY-ST	-ZIP	Indian Rocks Beach, FL 33785	
TITLE			DELETE	6.1 TI	ſLE	*	☐ Change ☐ Addition	
NAME				6.2 N/	AME			
STREET ADDRESS	/			6.3 \$1	REET.	ADDRESS	3	
CITY-ST-ZIP					TY-ST			
14. I hereby	certify that the information supplied with	this filing does	not qualify for	the exe	mptic	n state	ed in Section 119.0"(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an	

receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. officer or director of the corporation or Block 12 or Block 13 if changed, or or

SIGNATURE:

4/23/99

727-443-3444

Daytime Phone #

CR2E037 (11/98)

Applied For

\$8.75 Acditional

Not Applicable